Presidential Address

DELIVERED BEFORE THE

CLINICAL SOCIETY OF LONDON,

January 27th, 1871,

BY WILLIAM GULL, M.D., F.R.S.

GENTLEMEN,—The trust you place in my hands by making me your President awakens in my mind a deep sense of the responsibility I incur in accepting it. If a life devoted to those objects at which this Society aims could give me confidence in the future, I should receive the honour you confer upon me more cheerfully and hopefully than I can now venture to do; but whoever shall strive to set before himself what has been done in clinical medicine, and foreshadow in his mind what remains to be done and the difficulty of doing it, will be apt to be discouraged rather than elated at the prospect. I fancy the Father of Clinical Medicine must have had somewhat similar thoughts when he selected for his first aphorismal utterances, "Life is short: experience is fallacious." I confess, however, that I think these expressions of Hippocrates give more help than could have been given by any protestations of confidence which he might have made respecting himself or his art. If Hippocrates were with us this evening, he might congratulate himself that, however short is the individual life of man, by associations like these it becomes perpetual, and ever young and hopeful; that, instead of the occasional activity of one mind, we can by a society ensure the increasing and varied co-operation of many minds.

It is one of the most striking characteristics of our time that the individual is less and less, and associated activity more and more. But if the *vita brevis* of the isolated labourer is thus obviated, there arises in place of it the danger of desultory and undirected exertions, which may be fruitful only of the thorns and thistles of contradictory statements, and as barren of true results as are the limited and often prejudiced observations of a single individual. To counteract this, it will be my duty to ask your earnest co-operation for extending and perfecting the labours of the committees of this Society for the investigation of clinical and therapeutical questions. By our present rules, the president has a right to nominate such committees; but it seems to me that it is his duty to invite any member, according to the bent of his inclination, either to initiate some kind of active inquiry, or to co-operate with others in it.

By putting positive questions to Nature, we are more likely to find out her secrets than by waiting, however patiently, for her own revelation of them. The more narrowly and positively such questions are framed, the less equivocal must be the reply; and however feeble and dubious the response, inaudible perhaps to any single ear, or in characters invisible to any single eye, it may be plain and distinct when repeated over and over again. The aid afforded by such questions and cross-questions, putting Nature, as it were, upon her trial, and winnowing her replies by the exacted methods of research, mental or mechanical, is, as Bacon says, comparable to the lever and the screw in mechanical operations. "If," says he, "men should enter upon mechanical works with naked hands, without the force and assistance of instruments, as they have not hesitated to enter upon the works of the intellect with the naked forces of the mind, small indeed would have been the things they would have been able to accomplish, however earnest and conjoined their efforts." "And if," he continues, "to dwell a little longer on this instance, and to look into it as into a glass, we should ask if by chance any sober spectator should see men striving to raise a mighty obelisk without mechanical appliances, would he not say they were demented? But if, so failing, they should be confident of success by increasing their numbers, would he not think they were still more mad? But if they should consult together to make a selection, and to dismiss the weak, and only by the help of the vigorous should expect to accomplish their object, would he not think they were hopelessly insane? But if further, not content with this, they should establish athletic exercises, and summon all thus prepared for the work, would he not cry out, 'These people have gone mad, even with reason and prudence?'" And should not we be open to have a similar opprobrium cast upon us if, uniting ourselves into a Clinical Society, we were contented to strive to accomplish the work before us without the assistance of the highest intellectual combinations and methods?

If the existence of this Society, ever recruiting itself, as I trust it will do, with young and devoted labourers, annihilates, as I have said, the first lament of Hippocrates that "life is short," I trust that our work will be so prosecuted that his subsequent statement, "experience is fallacious," may no longer obtain. It is perhaps too much to hope that a growth which is indigenous to our minds, and which has shown so much vitality, should easily be rooted out. Hitherto, from the favouring influence of prejudice and self-love, nothing has equalled the exuberance of this sort of experience; no pernicious practice, no fanciful hypothesis, no unfounded dogma but has been and is fed and maintained by it.

Experience in medicine is fallacious because it is limited and imperfect—limited to the few observations gleaned in some narrow area, limited to some season or short period of time, limited by the prejudice, or interest, or incapacity of the observer, or by defects in his methods of examination; and imperfect through our ignorance of the natural course of events, which leads us to attribute results to some accidental interference on our part rather than to the essential course of things; imperfect also because we are satisfied with that sort of experience which affords satisfaction to ourselves, and supplies some ready explanation to those who are dependent upon us.

It is in the nature of inquiries so complicated as those are with which medicine has to deal that fallacies should at all points beset our path. Perhaps the sense of doubt arising from the fallacies of experience which weighed upon the mind of Hippocrates should also, like the whisperings of the slave in the conqueror's ear at his triumph, be ever present to us, even when our knowledge seems most assured.

In clinical medicine, the greatest correction of fallacious experience is a true diagnosis—a diagnosis, not only of the anatomical conditions, but such a diagnosis of the forces concerned as shall lay open before us a knowledge of the course events will take. If the momentum and direction of a moving body be known, its course and the results of impediments upon it can be calculated. So, if we would obtain any true experience of therapeutical measures, we must of necessity acquaint ourselves with the exact strength and tendency of the forces against which we operate.

What voluminous records are there of cures and means of cure which are as valueless as the rags upon which they are printed. "What pains and expense," says Herschel, "would not the alchemists have been spared by a knowledge of those simple laws of composition and decomposition which now preclude all idea of the attainment of their declared object! What an amount of ingenuity thrown away on the pursuit of the perpetual motion might have been turned to better use if the simplest laws of mechanics had been known and attended to by the inventors of innumerable contrivances destined to that end! What tortures inflicted on patients by imaginary cures of incurable diseases might have been dispensed with had a few simple principles of physiology been earlier recognised!" "But," he continues, "if the laws of Nature on the one hand are invincible opponents, on the other they are irresistible auxiliaries: 1, in showing us how to avoid attempting impossibilities; 2, in securing us from important mistakes in attempting what is, in itself, possible, by means either inadequate or actually opposed to the end in view; 3, in enabling us to accomplish our ends in the easiest, shortest, most economical, and most effectual manner; 4, in inducing us to attempt, and enabling us to accomplish, objects which but for such knowledge we should never have thought of undertaking."

It is only through a perfect diagnosis that we can see in what direction therapeutical interference should be attempted. It is true that accident has sometimes aided us where knowledge has failed; but it is obviously unbecoming

in intellectual creatures to satisfy themselves with such scattered fruits, when by due culture no doubt large harvests might be reaped. If, as Herschel says, knowledge saves us from futile and inglorious effort, it widely opens to us ways of success which are closed to ignorance. In the present imperfect state of medicine that success may often be but partial; but even to that degree the amount of human suffering that may be avoided, and the amount of good that may be obtained, is in the total incalculable.

It would be impertinent if I should attempt to exhibit before you the successes, partial or otherwise, of therapeutics. But I cannot forbear expressing our obligations to the sister science of surgery in all its departments. I assert that I have received as lively intellectual satisfaction, and have been as deeply impressed with the feeling that knowledge is power, whilst witnessing the effects of some surgical operation, as I have in contemplating the highest triumphs of physical or chemical science. It is, perhaps, to be regretted that medicine and surgery have been in any way dissociated. Happily, in this Society they are united. What detriment surgery has received from the separation others must say; but medicine requires constantly quickening by the necessity of that exact anatomical observation which the problems of surgery amply supply.

The tendency in modern medicine to increasing perfection in diagnosis is daily lessening the *hiatus* which has existed between the two branches of study; and pathological anatomy is largely confirming their identity. Clinical medicine requires ever-increasing exactness in these researches. In the reports with which we shall be favoured from the different members in this session, I feel sure that every effort will be made to give the observations contained in them the highest possible exactness of expression.

This Society has two functions to fulfil: to exhibit the working of the most critical methods of research—to show, in fact, what clinical medicine should be; and to improve those methods. For myself, I am far from believing that he is the best observer who records the greatest number of facts; but he who has the perception which enables him to separate the chaff from the wheat—what is essential from what is accidental. In the nature of the case such discrimination must begin somewhere, but *where* must be left to the intellect of the observer, or to the circumstances of his work. Treatises have been written on the laws for the guidance of physical research, but there seems to be but one rule that is universal—namely, that the student should be honest and skilful in the pursuit of truth. Honesty before skill. Then we may hope to go on towards completing the perfection sketched by Shakspeare, who, speaking of the physician, says "his skill was almost as great as his honesty; had it stretched so far, would have made nature immortal, and death should have play for lack of work." This law of skill in research, guided by honesty of purpose, we must work out with the best means at our command, ever striving for better. Where the scalpel will not reach, the microscope may reach; where the microscope will not help us, chemistry may help us; where chemistry fails, the refinements of physics may come in; and where these fail, that finer power of the mind which enables us to deduce truth from history may lay open before us the workings of forces too fine even for that scientific exercise of the imagination which has lately been so eloquently commended to us, as shown by those hereditary tendencies to disease which as certainly take effect, and produce results as sharply defined and often as coarsely anatomical, as if their physical causes could be labeled and placed upon the shelves of a museum.

But whilst for the purposes of immediate practice we must occupy ourselves with, and so far be satisfied in completing and perfecting, what we have already gained, a little, and but a little, reflection will be required to convince us how much more than this suffering humanity requires at our hands. What unexplored regions are inviting our attention will be obvious to anyone who will look over the pages of any year-book of facts recording the labours in the different departments of medical knowledge. The perusal will leave upon the mind the sense how little has anywhere been accomplished, and how far the lines of inquiry radiate and diverge.

To take that commonest of all maladies, phthisis, it may be said to present a great chaotic field, distinct in nothing but its mortality, and all but unexplored by science in respect of those steps and processes whereby the fatal issue is reached. The Transactions of this Society already contain some contributions towards a better clinical history of some forms of this disease, and I trust that in each session more may be done towards tracking the earlier history of its different varieties, for if anywhere in physic the principle *principiis obsta* is valuable, it is probably here. I trust, however, I may not be understood as if our records of the coarser phenomena of phthisis were not more than enough. Under the generic term phthisis are included many different maladies; and, if the whole object of medicine were satisfied when these forms had been distinguished, and the popular remedies prescribed, there would be no more to say. But clinical science revolts against this conclusion, and requires a still finer discrimination of the morbid processes in question, with information as to how they begin, and by what means they may be obviated or hindered. There is something very suggestive in seeing one member of a family left in health and strength to old age, whilst all the members of the same family, coming either before or after, fall victims to this disease or its alliances; or in seeing exceptions made to its ravages through the intervention of some diverse pathological state—insanity, epilepsy, or rheumatism. Our clinical knowledge ought to show how this is determined, as from such knowledge prevention might be expected to follow.

Or, to turn to another and equally extensive field of research, the large class of vascular degenerations occurring mainly between the ages of forty and sixty. If the processes, near or remote, which bring about these morbid states of the heart and vessels, were more fully elucidated, some part of the chapters which now treat of the diseases of the brain, of the chronic diseases of the lungs, of the liver, and especially of the kidneys, might have to be rewritten.

It seems probable that in a good deal of our clinical pathology we have mistaken the end for the beginning; and, being impressed chiefly by the more prominent, or more easily demonstrable, lesion, have regarded it as a cause, when it was but part of another and antecedent state. It is from clinical study alone that we can learn the beginnings of disease. Often when the gathered clouds of the final storm have filled the atmosphere, it is in vain that we look round to see from what point of the heavens it began. The apparently trifling ailments of to-day may, when we are able rightly to interpret them, foreshadow the coming of much graver events.

For these inquiries private practice affords the only opportunities. The record of individual cases, illustrative of the early traces of pathological change, would be of great value. Perhaps, as a rule, we have looked too exclusively to the wards of our hospitals, and to the records of post-mortem examinations, to teach us our clinical lessons. This Society seems to afford special means for correcting these defects. The opportunities of private practice, if carefully utilised, might soon solve for us many obscure problems. Take, for instance, the onset of infectious diseases. By a more accurate study of this stage, which can rarely occur in hospitals, we might learn through what ways the infection invades the organism, and thus might be enabled, if not to obviate its progress, at least to learn something more of the means for controlling it. But I may not longer detain you with these details. Suffice it to say that any new fact, however apparently useless and disconnected, is worthy of a record. It may be, to use the language of embryology, the *primitive trace* in the department of a new form of thought and knowledge; or, to alter the simile, its meaning may not appear until the context is discovered. The superstitious worshipper of Islam preserves every scrap of writing, lest by destroying it he might mar a portion of the sacred text. Let each one of us, engaged as we are in amassing materials of knowledge, treasure up every stray fact, convinced that it forms part of a precious record, which, if not deciphered now, will become legible by some subsequent addition. As the whole purpose of clinical medicine is the cure or alleviation of disease, the efforts of a Clinical Society can never with success deviate from the prosecution of those practical and primary objects. The advancement of therapeutics in their entirety is the end we aim at. Happily it is no longer necessary to prove that therapeutics and the administration of drugs are not synonymous. It is an ancient saying in medicine that "Nature cures diseases," and we have learned

in modern times that both in medicine and surgery it may often be our truest aim to secure our patients from interference until a healthy equilibrium is restored. The doctrine of physiological and mechanical rest in the cure of diseases has vindicated and obtained for itself a permanent position in therapeutics. Every contribution to our "Transactions" in illustration and maintenance of the doctrine will be valuable. If it often taxes the ingenuity of the surgeon to insure mechanical rest for an injured part, how much higher are the demands made upon our therapeutics to obtain physiological rest, or any degree of it, amidst the perturbations of disease. It seems probable that a large number of acute diseases may be sufficiently treated by only following these indications of rest. Yet the greatest misunderstanding prevails, in our profession as well as with the public, respecting the objects pointed out, as if they were of so trivial a nature as to require no skill or attention; yet I might venture to assert that they challenge the exercise of the highest faculties, and still often leave us far from their perfect attainment. I may be excused for saying that the expression, "Nature cures disease," is both a good and a bad expression. It is a good expression if it represent to our minds, however imperfectly, that a principle of compensation prevails throughout a living body, causing the disturbance of the physiological balance in an organ to be corrected by a correlated change in it, or in some other part; as, for instance, when the fainting heart feebly supplies the brain and the centre of voluntary action failing, the patient falls down, and the circulation is restored. To say that Nature cures disease is a bad expression if it create in our minds a metaphysical conception, as if there were in us some personal *anima* controlling the operations. The former use of the term is that which we, as a Clinical Society, must ever contend for; and our chief object is to encourage amongst ourselves those researches which show how Nature in this sense cures disease, and so have plainly before us the circumstances which should direct and control our therapeutical interference.

Of equal antiquity with the expression I have just quoted is that more famous one, which must ever be remembered in a Clinical Society, that the two special objects of medicine are *to do good or to do no harm*. The latter alternative has, from Galen downwards, been thought a matter of too easy attainment; but doing no harm is not always an easy virtue in medicine. I desire on this point to call the attention of the members of the Society to the present state of our practice in regard to many chronic and acute diseases, that we may by improved records learn what is the value of positive treatment in many of these maladies. As to the doing good by the exhibition of remedies, which is the more popular view of therapeutics, I need not say a word to stimulate exertion in this direction. We are all impressed with the importance of the subject; but it is to be urged that the cases which shall be brought forward to illustrate any treatment, or the effects of any particular drug, shall be so selected as to lead, as far as possible, to positive conclusions.

Gentlemen, I fear I have detained you too long; yet I cannot forbear expressing a feeling which I am sure is in every mind at this moment, that we ought to be thankful we are enjoying the blessings of peace, which enable us to meet on these occasions to encourage each other in the pursuit of knowledge which we hope may contribute to the welfare and happiness of mankind. I earnestly trust these blessings may long be continued to us. The sure foundation of such a hope must ever lie in the fulfilment of that sentiment of one of our greatest heroes—"England expects every man to do his duty" in the arts of peace as well as in the circumstance of war.

THE GERMAN HOSPITAL.—The twenty-fifth annual general meeting of this institution was held on Monday last, at the City Terminus Hotel, Baron von Schroeder in the chair. The report stated that the patients admitted last year numbered 1034, the dental cases 3921, and the out-patients 14,184. The total income for the year had been £17,666, and after payment of all charges, there was a cash balance of £1671. The chairman said that, looking at the heavy calls which had been made upon the German residents in London in consequence of the war, now happily, he trusted, at an end, he thought the financial result of the year was matter for congratulation.

ON THE

ANTIPYRETIC TREATMENT OF TYPHOID FEVER AT THE SEAT OF WAR.*

BY PROFESSOR BINZ, OF BONN.

THE bloody days from the 14th to the 18th of August before Metz had afforded to our field lazaretto (No. 2 of the 8th Army Corps) an ample share of danger and work. I was myself established with part of it in the church of Gorze until the 5th of September, when we were replaced by the permanent lazaretto, in order to follow the army in its movements round Metz, until the capitulation relieved us from camping in the bivouacs and villages of the neighbourhood.

We then accompanied the 8th Army Corps in its westward movement against the newly-formed French army of the North; and, on our arrival near Compiègne, we were ordered to establish ourselves in this place, and were quartered in the Petites Ecuries—a dependence of the Imperial chateau. We found on our arrival about 200 medical patients, mostly grave and mild cases of typhoid fever belonging to Manteuffel's army.

It was a rather complicated business to transform the rooms assigned to us into a proper hospital. All the silk beds and curtains, the magnificent engravings and elegant furniture, could not make up to us for the want of the many articles necessary for hospital work. The town, however, assisted most readily, and, with the help of our experience of 1866, we succeeded in a few days in giving the place a hospital-like appearance.

You can imagine that I availed myself of the opportunities of my position as chief of the lazaretto to direct my whole attention to the antipyretic treatment of our numerous typhoid patients. I had not expected to be able so soon to test in practice a point which I had examined theoretically a short time before. (Virchow's *Archiv*, vol. li., p. 28.) As the Prussian field lazarettos have been provided, for some years past, with clinical thermometers, and as the voluntary aid societies had supplied others, in addition to those I had brought with me, I was enabled to make all the necessary thermometrical observations. Amongst the cases sent to us from the end of November up to this time, there were sixty cases of grave typhoid fever. The temperature was always taken in the anus, as the process by the axilla would have occupied too much time. According to frequent and careful examinations, a good and sensitive thermometer requires to remain fifteen minutes in the axilla, and only five minutes in the anus; and the measurement in the axilla offers, besides, other chances of error.

I could not hesitate as to the selection of the plan of treatment—whether the old stimulating (English) method; or the German expectant, as introduced, especially by the schools of Vienna and Prague, in reaction against the inundation with medicines; or the rational modern plan, which is the result of the use of the thermometer according to Traube's, Bärensprung's, and Wunderlich's teachings. There can be no doubt that the majority of deaths from typhoid fever are caused by the continued high temperature. This danger we can meet in two ways: first, by the more rapid abstraction of the heat already produced; secondly, by checking the production of heat. The former intention is carried out by the frequent use of moderately cold baths; the latter by the internal administration of antipyretic remedies, amongst which quinine occupies the first rank.

You are acquainted with the development of this method from Currie up to the present time, when especially Brand and Leibermeister in Germany have given it a scientific formula. As soon as one of my patients had in the morning above 101° Fahr., and in the evening above 103° Fahr., he was placed during fifteen to twenty minutes in a bath of about 77° Fahr., and every second day he received either in the morning or in the evening fifteen, and in severe cases twenty-three, grains of quinine dissolved in hydrochloric acid and water.

If I communicate to you the statistical results of this method, I do not think for one moment to tell you any-

* Translation of a communication from Professor Binz to Dr. Hermann Weber, which the latter gentleman has been kind enough to forward us.

thing new; I wish only to corroborate and to propagate a striking truth which is, unfortunately, not yet generally acknowledged. If one has at once to deal with sixty serious cases of typhoid fever in otherwise strong young men, the conditions are too evident to allow deception. Of these sixty cases, I have lost to this time one case from peritonitis, two from intestinal hæmorrhage, and a fourth will probably become fatal through profuse diarrhœa, though the typhoid fever may be said to have passed. If I consider this case as fatal, the mortality is 6·6 per cent. As far as I remember, the mortality in the German clinical hospitals before the introduction of the antipyretic treatment varied from 12 to 25 per cent., but has been reduced by this method to a similar figure as the one obtained by us. To avoid misunderstanding, I repeat that the sixty cases in question belonged all to the *graver type*, while the others (about 130) were registered as mild typhoid fever. We may from this experience, at all events, draw the inference that, under a careful but persistent antipyretic treatment of typhoid fever, few patients, if any, will die of exhaustion in consequence of the febrile temperature continuing for weeks, and the causes of death will be restricted to less frequent complications.

The moderately cold bath and the quinine exercise, besides their immediate effect on the febrile temperature, a very beneficial influence on two other conditions important in typhoid fever. The frequent baths promote cleanliness, so necessary on account of the diarrhœa, and through this greatly diminish the tendency to bedsores, which is further counteracted by the application of unguentum cerussæ, with camphor (twenty parts of the former to one part of the latter), to any patch of skin becoming red. The large doses of quinine administered in the evening have a calming effect, as well on the action of the "humours" as on that of the nervous system; and through this the nocturnal delirium, this horror of hospitals crowded with typhoid fever, was almost absent. If the effect of the cold bath on the "heated humours" had already diminished their tendency to irritate the brain, fifteen to twenty-three grains of quinine completed the calming influence; and thus we never required more than two night attendants in each of our typhoid wards, containing thirty patients. I ought to mention that all the patients received, after the bath, a glass of sherry or Marsala. This was done with the intention (1) to increase the cooling effect of the bath by the internal antipyretic remedy (alcohol), though it exercises, given in this way, only a transitory influence; (2) to revive the action of the heart, which is generally rather depressed after the bath; (3) to counteract the sometimes excessive feeling of cold, which is principally caused by the contraction of the cutaneous capillaries. In connexion with this subject you will be glad to hear that two cases of Marsala supplied by the depôt of the English National Society at Remilly have been especially useful in the treatment of these cases.

January, 1871.

THE CAUSATION OF SCARLATINA.

BY ALFRED CARPENTER, M.D. LOND.

(*Concluded from p. 113.*)

THE spontaneous origin of scarlatina is also occasionally shown in the colonies. Thus in 1848 it suddenly made its appearance in Auckland, New Zealand, as reported in THE LANCET of June, 1850, by Dr. Thompson, of the 58th Foot. No communication had existed with any other place by sea for four months previous to the outbreak. An emigrant ship had arrived the preceding January, but no case of scarlatina had occurred during the voyage out. The first two cases occurred in different streets on the same day. Simultaneously with its appearance at Auckland it also appeared in Sydney. It was not shown in the report that blood was the source, but as in every place where Europeans, and especially Englishmen, live blood is often allowed to lie on the ground, and animals to be slaughtered without reference to any sanitary regulations, it is evident that, if I have indicated the right cause, it may exist anywhere.

If the disease can arise spontaneously, any measures that may be taken by the local authority or the imperial government on the idea that it is produced by contagion alone, will fail. It becomes necessary therefore to get rid of that idea; but at the same time it is not to be assumed that by the term "spontaneous" it is meant that the disease will arise without a first cause. It is contended that the molecules contained in blood—the germinal matter upon which probably the vital force of the animal depends—do, under certain conditions of air, moisture, and magnetic action, become so changed as to be able to set up one or other of the epidemic diseases of the scarlatina type. If these molecules get admission into the blood of a living person, they rapidly produce an action of a zymotic character, and probably set free a product allied to the formic acid series, which, being expelled by the capillaries in minute quantities, sets up the state of the skin which is so indicative of the disease under consideration, and allies it with erysipelas, some forms of puerperal disease, and especially those rashes which are sometimes seen to arise in surgical cases, and which may be caused by decomposing blood in the body of the patient himself.

Annexed is a table which shows the rise and fall of the death-rate from scarlatina during the last 22 years in Croydon. It gives negative evidence, but it points out some important facts.

Table showing the occasional rise of Scarlatina since 1848 in Croydon.

Year.	Population	General Death-rate.	Deaths from Scarlatina. Per 1000. Living.	Deaths.	Total No.	Remarks.
1848	19,386	28	0·90	32·9	18	
1849	20,000	26	1·81	70·0	36	Epidemic
1850	20,100	19	1·09	56·9	22	
1851	20,355	19	0·14	0·79	3	
1852	21,185	22	1·65	72·0	35	Epidemic
1853	22,200	26	1·216	44·1	27	
1854	23,560	26	0·680	25·6	16	
1855	25,837	19	0·154	0·78	4	
1856	26,734	18	0·37	21·5	10	
1857	28,000	16	0·17	11·4	5	
1858	28,000	19	0·535	28·5	15	
1859	29,170	19	0·96	52·0	28	
1860	30,000	16	0·20	11·8	6	
1861	31,000	18	0·16	9·3	5	
1862	31,912	18	0·96	50·1	30	
1863	35,332	20	1·64	96·9	69	Epidemic
1864	37,864	20	0·60	28·9	23	
1865	41,381	22	0·89	42·0	37	
1866	45,238	20	0·42	20·0	19	
1867	50,755	16·6	0·374	22·0	19	
1868	58,278	18·36	0·756	41·12	44	
1869	60,000	17·24	1·366	72·7	86	Epidemic
1870	62,000	17·62	1·144	53·0	71	

There have been four epidemics, though it has never been quite absent for long together; every quarter of the year has had its quota of cases, but it is seen that the largest number generally occurred in the last four months of the year, although in 1849 and again in 1863 it was in the first half of the year that the greatest mortality occurred. Dr. B. W. Richardson has published a statement showing the average mortality in London from scarlatina per 1000 of living population, derived from statistics extending over seven years. This is fixed by him at 1·10, whilst we have had it several times above the London average. The excessive mortality would seem at first sight to be opposed to the idea that sanitary supervision diminished mortality, but by dissecting the cases the result is shown to be as represented. The poor have provided 95 per cent. of the fatal cases, whilst the mortality among the citizen class has been very slight; and it is to be borne in mind that the citizen class form in Croydon a very considerable moiety of the whole population.

The analysis of deaths at various ages for the past two years exhibits some differences when compared with Dr. Richardson's tables. He makes the ages of those dying at five and under equal to 67·63 per cent.; between five and ten, 24·27 per cent.; above ten, 8 per cent. In Croydon, at five and under they equal 70·5 per cent.; between five and

ten, they are 12·6 per cent.; above ten, 10·9 per cent. It is, however, in the first two years that the greatest difference exists: thus Dr. Richardson's table shows a mortality at two and under as 32·24 per cent.; but in Croydon it has been 63·7 per cent. of the whole.

From this result it may fairly be assumed that the chances of life being extinguished by scarlatina are greatest in those who live least in the open air, and that children in arms, from some cause, have the largest mortality, and of these it has been seen that a large per-centage consist of children brought up by hand. It is also interesting to note that for some time no part of the year has been free from the evidence of the presence of scarlatina, as shown in the following table of deaths in every month during the past two years.

	1869.	1870.
January ...	10	10
February ...	6	4
March ...	5	11
April ...	4	2
May ...	4	5
June ...	3	4
July ...	3	11
August...	7	4
September ...	13	6
October ...	11	4
November ...	6	6
December ...	15	4
Total ...	86	71

The next point to which the writer has directed special attention has been the locality in which the deaths have occurred. They have taken place in 46 streets or roads out of the 256 existing in the parish. Three districts have had the largest numbers of fatal cases, single dots upon the map alone marking other parts of the parish. There is only one point common to each of these three districts: they are comparatively flat; they have lines of sewers a long distance from the outfall, and, as far as the poor are concerned, the house-connexions with the sewers are imperfectly ventilated, and, most significantly, they have slaughter-houses in connexion with these lines of sewer. One of these districts is mainly on chalk; the second is principally a clay subsoil; whilst the third has clay upon gravel, or gravel upon chalk, as its principal substratum. It follows from this that terrestrial or subsoil influence has not been exerted as far as gravel, chalk, and clay are concerned. One of the districts has in it a number of badly made roads, and until recently they were not under the supervision of the local authority. These roads became swamps after every heavy rainfall. This district contained the largest number of fatal cases. There are two very observable facts with regard to the houses in which the fatal cases occurred. The majority of deaths took place in comparatively new houses; many of them built without foundations upon garden-ground, the aluvial soil not being removed, except such of it as was used for mortar. This garden-mould, with its débris of manure (often animal), was simply screened, scarcely more lime being used than was sufficient to make it sticky. The houses were frequently occupied before they were dry; and it is evident that a low state of general health must be induced by living in an atmosphere such as would exist in such buildings. Of the whole of the fatal cases, about 92 per cent. occurred in cottage property, and about 80 per cent. in houses which have been built within the last five or six years.

An analysis of a table of the absolute mortality from scarlatina shows a decreasing mortality in each of the four epidemics which have arisen in the last twenty years, if we compare the deaths with the total population. Thus, in 1849, it was 1·81 per 1000 living; in 1852, 1·65; in 1863, 1·64; in 1869, 1·366; in 1870, 1·144. The largest mortality in any given month has been after a continuance of hot weather, often closely following upon heavy rains, though rain itself does not increase the tendency to the disease, for a continuous wet season has been comparatively free from it. This fact corresponds with observations made by Dr. Ballard. The heavy rains must come after a hot, dry season to be most effectual. Then the badly made roads become swampy; the badly laid sewers have the deposit stirred up in them, and developed gases find their way in a comparatively concentrated form into the houses, both by means of unventilated sewers, and through the soil of the foundations of the new cottages. The children of the poor suffered most, being compelled to live in an impure atmosphere, by which the member *y* in the equation became inordinately increased, and this class therefore afforded the largest number of victims.

This theory is borne out by my own experience. I have had under my care during the last ten years 286 cases. The greater number of these have occurred in children between the ages of six and twelve, very few infants having suffered at all. About one-fifth have taken the disease at school; others have fallen ill after visiting a neighbourhood in which it has been prevalent. In only two instances has there been a spread of the disease to other members of the family. Not one of these 286 cases terminated fatally. Four had renal dropsy as a sequence, and two acute rheumatism. These were all cases which were brought home from other places. Very few suffered much from throat mischief.

These facts do not support the view which is often expressed, that mild cases are more likely to have sequelæ than severe ones. The freedom from fatal results which has attended these cases arose from the fact that they all occurred among the comparatively wealthy classes; they were all well fed, had pure air, pure water, and had not imbibed any of those matters which increase the amount of *y* in the system. A moderate system of isolation and disinfection only was adopted. In a few cases the symptoms were severe; but that severity was always accompanied by evidence of imperfect ventilation, either of the house itself or of the sewers belonging to the house, or dirty habits. The cases were distributed in all parts of the parish, fairly mixed up with the poorer populations, and notwithstanding the high mortality among the children of the poor and the complete absence of any kind of isolation and disinfection among them. When the disease appeared in the residences of their richer neighbours, the type was changed into one of a mild form; the constitutions of the new recipients of the infection not having been lowered by an increase of *y* from breathing a sewer atmosphere, by drinking impure water, or inhaling anything derived from the products of cesspool or animal putrefaction. Several of the cases are believed to have been produced in children after playing about the manure heaps deposited in the gardens, two or three distinct and very suggestive instances having presented themselves of children suffering after slaughterhouse and pig manure had been so used. Great difficulty has also been experienced in keeping blood out of the sewers; when it does get in, it cannot be flushed away, as it often adheres to the surface of the sewer until decomposition enables it to separate, and it then gives out products corresponding to *s* in the equation.*

I believe that scarlatina would be shorn of its fatal tendency if blood was not allowed to be shed in our towns and villages, except with certain precautions, so that none should enter our sewers; if our houses were built on proper foundations and well ventilated, and if pure water were always provided for the people; if sewers were so constructed as to be self-ventilating, and that continuously, and so arranged that the products of excrement putrefaction could not possibly pollute the air of dwelling-houses.

The record of 286 cases, extending over a period of ten years, being all the cases I have continuously attended upon without a fatal result, and that in a district in which 403 fatal cases did occur during the same period of time, the mild cases mixing with the severe ones, and deriving their origin from corresponding sources, must point to some exceptional cause for such an exceptional result. I believe the exceptional causes to be the circumstances mentioned; and that scarlatina is as amenable as typhus to sanitary operations; that it can be generated *de novo*; and

* I should have mentioned here the frequent connexion between scarlatina and puerperal fever. All cases of that disease which I have met with, and which have arisen without good evidence of infection, have been attended by the presence of putrid blood in an uncontracted womb. In some cases in which scarlatina has been developed in lying-in houses, there has been evidence of neglect in removing the results of hæmorrhage, clots of blood being left about the bed, or blood has soaked into the bed and not removed. In some cases I have had reason to doubt the wisdom with which the nurse has disposed of the placenta and clots of blood following upon delivery; for outbreaks of scarlatina are so often coincident with confinements in various localities that I think the medical attendant would do well to inquire as to its disposal, and not allow it to go into the cesspool or the sewer. Placentæ are often found at our outfall.

that if the portion represented by the member *z* falls into the blood of a patient which is not loaded with impurity caused by defective sanitary measures, and here represented by *y*, then its effects will be comparatively harmless, and the *x y z* will give scarlatina of the mildest possible type, and will be quite free from danger to the recipient, sequelæ will not follow, and very moderate means of isolation and disinfection, with—most important point of all—free ventilation and fresh air, will be quite sufficient to prevent any spread of the disease.

HERNIA IN COUNTRY PRACTICE.

By WILLIAM MORRIS, M.R.C.S.

CASE 1. *Strangulated Femoral Hernia; opening of sac; recovery.*—Mary H——, aged fifty-six, housewife, residing at River, applied to me on March 8th, 1869. She stated that for about twelve years she had occasionally had a swelling in the right groin, which had hitherto been reducible. On March 3rd she commenced to suffer from an attack of bronchitis, and on the 6th, during a fit of coughing, the tumour came down and could not be returned; she was sick frequently, and between this date and the evening of the 8th some of the vomited matter was stercoraceous. Opium was administered and ice applied, and the taxis in the hot bath was employed fruitlessly; but consent to an operation was refused.

March 9th.—With the assistance of Dr. Turner, I operated by making a vertical incision along the inner side of the tumour, laid bare the sac, and divided Gimbernat's ligament, and again used taxis, but to no purpose. The sac was then opened, and found to contain a coil of light-claret-coloured intestine, which was returned after dividing a stricture at the neck of the sac. The wound was dressed in the usual way.

On the 12th the bowels acted, and a large quantity of solid fæces was passed. In a fortnight from this time the wound had nearly healed, but there had been and still was some discharge from it. She still suffered from bronchitis, but on April 3rd was able to leave her bed and get about her room. She is now quite well.

CASE 2. *Strangulated Inguinal Hernia; opening of the sac; recovery.*—Sarah C——, aged sixty-three, housewife, living at Petworth, had for several years a small irreducible herni in left inguinal region. Towards the evening of Feb. 5th 1870, she was suddenly seized with severe pain about the swelling, and vomiting. She applied at once for relief. The tumour, which was the size of a walnut, was very tense, but gave decided impulse on coughing. Taxis was at once employed, but failing, opium and ice were resorted to. Next morning, as the hernia still resisted taxis, and the vomited matter was stercoraceous, an operation was suggested, but not acceded to till the evening, when it was performed by me, assisted by Dr. Turner and Mr. H. Morris. The sac was opened, and a small knuckle of ileum, nowhere highly congested except around the portion constricted by the neck of the sac, was returned.

For a fortnight afterwards there was considerable discharge of pus from the wound, but by the beginning of the fifth week from the day of operation a truss was worn, and the patient able to get about. She is still living and well.

CASE 3. *Strangulated Femoral Hernia; sac, containing a large piece of omentum enclosing a coil of ileum, opened; sloughing of the bowel and apposed surface of omentum, with adhesions between the two; omentum removed; rupture of the bowel within thirty-six hours after operation; recovery.*—Mrs. R——, residing at Lavington, had had for eight years an irreducible femoral hernia, forming a tumour in the left groin as large as a hen's egg, and which she had allowed to go unnoticed till the morning of March 9th, 1870, when she awoke with pain in the left groin, and a feeling of sickness followed by actual vomiting. Between this date and March 11th she vomited three or four times, and towards night the vomited matter became stercoraceous. There was considerable pain about the tumour and tenderness at the lower part of the abdomen. Opium was administered and taxis employed before and after the application of ice. An operation was then proposed, but declined.

On March 12th Mr. Henry Morris saw the patient with me. She was then tolerably free from pain except along the lower margin of the ribs; the abdomen was somewhat distended and tender; her bowels had not acted since the attack commenced; her tongue was slightly furred; pulse 84, regular and full. An operation was again urged upon the patient and her friends, but positively refused at that time.

Early in the morning of the 13th, on visiting her with Dr. Turner and Mr. H. Morris, we found she had passed a quiet night and had not vomited, but was suffering pain about the swelling, the skin over which was of a deep-red colour, and there was much tympanites and tenderness of the abdomen. Operation was now permitted, and performed by Mr. H. Morris. An incision, rather more than three inches in length, was made through the skin and subjacent structures along the axis of the tumour, and the sac reached. This was laid open and found to contain a piece of omentum, spread out so as itself to form a complete sac of the same thickness everywhere except at the inner and lower front part, where it was so thin as to allow a coil of highly congested bowel which it contained to be seen through it. The neck of the sac having been freed from all external adhesions and constrictions, the sac of omentum was laid open from end to end, and the "bend" of the contained ileum was found adherent to the fundus of the omental sac by bands of soft lymph. On separating these, an ashy-grey, sloughy, and uneven-looking patch, about the size of a small almond, was seen at this part of the bowel, which appeared almost perforated; and the inner surface of the omental sac opposite to this part of the ileum was also rough and sloughy-looking. The omentum was now drawn a little further out of the abdomen and tied by one firmly applied ligature, the ends of which and the tied piece of omentum were cut away, and the pedicle returned just within the abdominal cavity. The intestine was left with its sloughy portion protruding without the crural ring. Two sutures, one at the upper and one at the lower part of the wound, were inserted, and the whole covered with a warm, soft napkin. Between the time of operation and the evening she had vomited four times, the vomited matters being once stercoraceous; her pulse was 86 and regular; there was inability to void urine, so a catheter was passed, and a pint drawn off.

In the evening of March 14th, about thirty-six hours after the operation, a loud report, as of wind escaping suddenly from a distended bag, was heard, and, on examining the wound, fæcal matter was seen escaping from the ruptured gut, which remained still *in situ*.

March 17th.—Pulse 100; tongue somewhat dry; abdomen generally distended and the seat of much pain at intervals; the discharge, which was abundant from the wound till yesterday, is now very scanty, and she has been sick once or twice during the morning; there is considerable redness of the skin around the wound. Both sutures removed, and a warm bread poultice applied to the part; opium given by the mouth every three or four hours, and a little brandy and light farinaceous diet taken regularly.

April 3rd.—All evacuations from intestines pass through the wound, the skin around which is eczematous. There are two small sinuses, one large enough to admit a good-sized probe, through which fine coils of greenish, non-offensive matter pass.

17th.—To-day fæces have passed by the rectum, for the first time since operation; there is still some slight discharge from the sinus in the groin. No aperient medicine has been given throughout.

24th.—No discharge from groin; all is healed except a sinus of hair-breadth fineness. She now gets up and about her room.

27th.—Wound entirely healed.

She is still well, and walks occasionally eight or ten miles a day.

CASE 4.—*Direct Inguinal Hernia; sac opened; omentum ligatured and removed; recovery.*—Ann M——, aged sixty-seven, housewife, living at Teglease, was hoeing in her garden on April 20th, 1870, when she felt a sudden impulse and pain in the left groin, and, on putting her hand to the part, discovered a swelling as large as a hen's egg. Later in the day she vomited some clear fluid.

April 21st.—Sickness ceased, but pain continued, and she sought advice. On examination, the tumour was found to

be situated in the left inguinal region, inclining towards the labium, but leaving the abdomen nearer the median line than the internal abdominal ring; it was very hard, but gave no impulse on coughing.

24th.—Opium and taxis failed to reduce the hernia. On the morning of the 24th, although there was no sickness or constitutional disturbance, yet, as there was a good deal of pain and much redness of skin about the tumour, an operation was decided upon. This was performed by Mr. Henry Morris, with the assistance of Dr. Turner and myself. The sac was opened and found to contain omentum firmly compressed and strictured at the neck of the sac. One ligature was placed around the omentum, and the protruded part, with the ends of the ligature, cut off, and the pedicle left in the opening; the wound was brought together by sutures, lint soaked in carbolised water laid upon it, and a spica bandage applied.

29th.—Wound nearly healed; a little pus escaped from the lower end.

May 2nd.—Wound quite healed. Bowels acted freely for the first time. Is now quite well.

CASE 5.—*Strangulated Femoral Hernia; sac opened; death from exhaustion from diarrhœa.*—Maria L——, aged thirty-nine, residing at Graffham, a married woman and mother of twelve children, had been ruptured fifteen years. The rupture was brought on from lifting a heavy kettle two weeks after a confinement, and was always reducible till Oct. 26th, 1870, when, on rising, she found she could not return the hernia. For six weeks previously she had been nursing her husband and eight children, ill with typhoid fever; and it was while visiting them on Oct. 27th, and without an application on the woman's part, that I found her suffering from strangulated femoral hernia. The tumour was the size of an orange; there was general tenderness of abdomen, and sickness. Taxis failed and opium was given without effect.

Oct. 28th.—Early this morning she was removed to the Petworth Cottage Hospital, where, with Mr. Shout's assistance, I cut down upon the tumour, divided the edge of the falciform process, and opened the sac, in which was a coil of deeply congested ileum, which in one spot, the size of a fourpenny-piece, was ashy grey in colour, very thin, and almost perforated. This was left in the opening after the neck of the sac and the free edge of Gimbernat's ligament had been divided; the wound was partly closed by sutures, and warm dressing applied. Opium was given by the mouth, and ordered to be repeated.—8.30 P.M.: She has several times vomited a little clear non-offensive fluid, but is quite free from pain. Ordered twenty drops of tincture of opium every four hours.

29th.—8.30 A.M.: Has been free from pain all night, but has once or twice felt sick. Not much tenderness of abdomen. Her bowels acted at 7 A.M., and again at 8.15.—8 P.M.: Pulse 130. Has been slightly sick. Her bowels have acted eight times since this morning's visit.

30th.—8.30 A.M.: No sickness, but the bowels acted three times during the night.—3 P.M.: Abdomen distended. Has brought up a little fluid. Skin covered with cold perspiration.—8 P.M.: Bowels still relaxed. Patient is much weaker.

31st.—8 A.M.: Sickness and diarrhœa continued through the night; she is now sinking rapidly.—At 10 A.M. she died. No post-mortem examination was made.

Remarks: by HENRY MORRIS, M.A. M.B. Lond. — The above cases, three of which I had the opportunity of seeing two or three times each, present several points of interest. In the first place, they show that there is no great amount of danger essentially connected with opening the sac of a hernia; for in all of them it was done, with a fatal result in one only, and in that case death was otherwise explicable than by peritonitis. Case 3 even shows the advisability of the measure; for, though the contents of the sac, and the exact position in it of the intestinal portion, had been rightly diagnosed before commencing to operate, the state of the bowel could not be foreseen; and had reduction been effected without exposing it death must have been inevitable from rupture of the gut within the abdomen. Next, it is clearly proved that no ill consequence need necessarily arise from returning the pedicle of omentum with a short cut ligature: neither peritonitis set up by the ligature itself, nor gangrene of the portion of omentum below the ligature, is an essential result. Possibly the ligature, being silk, was absorbed, and the strangulation caused by it, though sufficient to check hæmorrhage, may yet not have been so complete as to prevent some nutrient material reaching the tied portion, but rather acted as a stricture does in an irreducible hernia; or, again, the pedicle may have become adherent to the structures against which it lay. Happily no opportunity was given to examine this point. In Case 4 the tied omentum was not returned, and the ligature came away entire at the end of a fortnight. In Case 3 the question arose, at the time of the operation, whether it was preferable to make an artificial anus at once, or to leave the bowel *in situ* without opening it; and though there was some slight risk of retraction by vomiting or otherwise, yet the treatment adopted seemed the better of the two. In Case 4 an operation might possibly, as it turned out, have been dispensed with; but as the diagnosis as to the contents of the sac was not quite clear, with the experience of Case 3 before us, it seemed to us the safer plan to operate. One is, however, led to think that could omental always be distinguished from intestinal herniæ the number of operations might be greatly diminished. In Case 5 the patient was previously greatly debilitated, and, from the nature of the diarrhœa which followed the operation, it is highly probable that she was already the subject of insidious typhoid; that the accumulation of fluid secretion within the bowel helped to produce its descent during the absence of the truss in the night; and that as soon as the stricture was relieved the intestinal contents were discharged per anum. At any rate exhaustion from its effects, rather than the operation or the hernia, seems to have been the cause of death.

Petworth, December, 1870.

ON THE

ACTION OF LIGHT IN SMALL-POX.

BY J. H. WATERS, M.B., M.C., &c.

IT has long been known that chemical changes can be effected by light, both of combination and of decomposition, especially the latter, and that substances in great numbers are found more or less susceptible to its influence. Many instances might be given of this. Chlorine and hydrogen at ordinary temperatures will not combine except when acted upon by light. In organic chemistry examples in plenty abound, as the salts of silver, &c. It is generally the luminous parts of a ray of light that effect this. In them lie the chief chemical action, and this exists even when the light is feeble, although no doubt for every kind of ray a substance might be found which, if circumstances were favourable, would be acted upon by it. This power has received the name of actinism, and is distinguishable from the heat-giving rays by being refrangible to the highest degree.

Animal and vegetable nature are peculiarly susceptible to the influence of light, their colour being in a great measure dependent upon its action. If a plant is allowed to grow for any length of time in the dark the leaves and stalks are destitute of colour, and it bears no seed. An animal living in the dark loses its colour. Man especially is most sensitive to light, his skin becoming of a peculiar waxy hue when he is deprived of it; and when constantly exposed to its effects his face and hands get deeply coloured. This is in persons with their ordinary health.

The sensibility of the skin varies greatly in different parts of the body. Weber, to prove this, applied the points of a pair of compasses to it. In some places the two points can be felt when only a few lines apart; in others they must be separated to a considerable extent to be distinguished; and it is those parts exposed constantly to the action of light that are most sensitive. This would show some connexion between nerve development and light, which as yet is not understood. Disease modifies this sensibility considerably by its action. The skin may be rendered more highly sensitive, or less so; or sensation may be altered and perverted. This, although well known to be due to some change in the nervous system, is far from being understood.

Those diseases that attack the skin, or rather that are eliminated by it, and which increase its susceptibility to light, are more dangerous when exposed to its influence. Small-pox, in particular, is more severe when light is allowed thoroughly to pervade the patient's sick room. John of Gaddesden first noticed this, and proposed its exclusion from those chambers where patients suffering from this disease lay; since his time many physicians have acted upon his idea, with more or less success as they have efficiently carried it out. If white light is entirely excluded from the patient, there is no doubt the disease is less severe; by white light I mean daylight. The room being so darkened that not even a single ray can enter it, and a candle being used instead, the effect is to arrest the disease at the papular or vesicular stage; it never becomes purulent, and the skin between the vesicles is never inflamed or swollen; the liquor sanguinis is prevented from becoming pus; we never see the large scabs of matter covering the face; there is no intense pain; even the itching is trifling; and the smell, so annoying to all concerned, is, if not altogether removed, so diminished as to be easily borne. The earlier in the disease the room is darkened, the more certain will the effects I have named follow; but if during the stages of primary fever or eruption the white rays of light are admitted only for a short time, it is sufficient to cause great mischief, and to nullify to an immense extent all that has been before done.

Another advantage derived from this mode of treatment is that we are able to administer medicines which it would be impossible to use without it—those that act upon the skin and assist it to eliminate its poisons; the inflammatory action being less severe, we run no danger by stimulating its excretory powers in moderation.

The treatment I follow in addition to the darkening of the room and quiet in bed is to give the patient a farinaceous diet, with beef-tea and fish, ripe fruits and milk, lemonade, soda-water, barley-water, and demulcent drinks. The room to be well ventilated; this can be effected by the window remaining open under the covering that excludes the light. Tepid sponging, with frequent changes of linen. Purgatives should be given very cautiously; none but the mildest are admissible, and it is better to regulate the bowels with fruits than to use any at all; if a laxative is necessary, mild enemata are the best. From the commencement of the fever to the acumination of the pock, arsenic (Fowler's solution) with iodine in small doses, the iodide of potassium, and solution of the acetate of ammonia, in a mixture, a dose every four to six hours, is in most cases well borne and does good; after this, arsenic (the solution of the arsenite of soda) with the syrup of the phosphate of iron will act better, and be a restorative tonic. Stimulants may be given if necessary; and, if sleeplessness is complained of, chloral hydrate, with or without opium or henbane, is best.

I find, by reference to my notes of a great number of cases which have been under this treatment, that when the patient has been seen early—that is, before the appearance of the eruption,—the general history is as follows:—

First, second, and third days.—Patient is suffering from fever, and from the well-known symptoms of small-pox. Has been complaining some days. The room to be darkened; tepid sponging, &c., with the first arsenical mixture to be given; quiet in bed enjoined; milk diet, &c.

Fourth day.—Eruption is beginning to show itself; less fever, &c., but itching of the skin has commenced. No powder to be used, as this I find does more harm than good; it fills up the pores of the skin, preventing perspiration, either insensible or otherwise. Cold cream, the lime liniment, or sponging to be used instead. The same mixture, &c., to be repeated.

Fifth day.—The eruption well out, with slightly inflamed base; less fever. The same treatment continued.

Sixth, seventh, and eighth days of the disease (third, fourth, and fifth of the eruption).—The eruption progresses in the ordinary manner, but the fever has nearly subsided, except in the more severe forms of the disease. Appetite returning. Same treatment continued.

Eighth, ninth, and tenth days of the disease (sixth, seventh, and eighth of the eruption).—The vesicles, instead of being converted into pustules, get less and less, their contents being absorbed, or they dry up into a brown scab, which comes away in the ordinary manner. There is no secondary fever. The patient feels quite well, eats well, and is in fact free from the disease.

This is the ordinary progress of the disease under the treatment I have mentioned; the exceptions are such as only prove the rule.

I was attending four children suffering from small-pox. They were so well on the fifth day of the eruption that they were allowed to play about the room. The nurse having to go away for a short time, they got to the window, and pulled down a carpet which had been used to exclude the light. The window being open for ventilation, the two eldest put their heads out, and thus nullified the precautions before taken. When I saw them, a few hours afterwards, they were feverish, and the eruption looked very angry. These two children got well, but were marked; the other two were not.

A lady who was staying with some friends, having been obliged to quit Paris just before the siege of that city, brought the small-pox with her. The eruption was coming out when I first saw her. Went on well till the fourth day, so well that she wished to read. To admit sufficient light for the purpose, the nurse pulled up the corner of the green baize. After the lapse of a few hours tingling heat and pain, with fever, came on; and, this being a confluent case, she became very ill; the secondary fever was very severe. She recovered, but was marked.

The son of a shoemaker was attacked by the disease. I saw him on the first day of the eruption. The necessary precautions for darkening the room were not carried out properly in my absence. When I was away, light was admitted. This was a confluent case, also, in the face. He never did well, and died on the eleventh day. The other three children all had it. All did well, and were not marked. The treatment was followed out with them strictly.

Jermyn-street, January, 1871.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

THE following operations were performed at this hospital on the 28th ult.:—

(By Mr. PAGET.)

Lithotomy.—Mr. Paget removed, by the cutting operation, a phosphatic stone from a middle-aged man, who for twenty years had had disease of the bladder, with a purulent discharge. He suspected that the inflammation had spread, to some extent at least, up the ureters, and perhaps even into the pelvis of the kidney. He thought that this condition was less unfavourable for lithotomy than for lithotrity; and he believed, also, that the state of the bladder was more likely to improve after removal of the stone by the former than by the latter operation.

(By Mr. COOTE.)

Amputation of the Leg. — The patient had disease of the ankle-joint following an injury, and Mr. Coote considered that the patient's condition made it important to leave as small and uncomplicated a wound as possible; he should therefore amputate the leg at the lower third, instead of performing either Syme's or Pirogoff's operation. By this proceeding he should also ensure the removal of the whole of the diseased tissues, and leave a more conveniently shaped stump for the adaptation of an artificial appliance.

(By Mr. HOLDER.)

Amputation of the Breast. — This operation was performed for the removal of a scirrhous gland. The whole of the

gland was invaded, but there was no apparent implication of the skin or retraction of the nipple; the disease had extended to the axillary glands of the same side. Mr. Holden first made a curved incision along the outer half of the circumference of the breast, and, raising the edge of the gland, dissected it off from the subjacent muscle. Another similar incision being then carried along the inner margin of the breast, where the raised portion of integument hinged on to the chest, the breast was taken away with a broad elliptical piece of skin. The bunch of diseased axillary glands was removed by loosening with the finger all but their deep attachment, which was very firm; this was twisted into a thin pedicle, strangulated with a strong suture, and then divided with a knife. The wound was washed with a solution of carbolic acid (1 in 20), and closed with silver wire. The opposite edges were carefully strapped together to prevent traction on the sutures.

(By Mr. T. SMITH.)

Resection of the Elbow.—This joint, having become diseased in consequence of an injury, had been resected some time previously. At first it promised to do well, but, after a time, fresh inflammation had been lighted up, and since then it had maintained a constant purulent discharge, and made no progress towards healing. Mr. Smith thought that a second resection might save the limb, and forebore to amputate it.

FRACTURE OF THE FEMUR.

(Under the care of Mr. PAGET.)

This case, for which we are indebted to Mr. Paget's house-surgeon, Mr. Young, is an instance of the rapidity with which a fractured bone may become united when the process of repair is called upon to resume its activity after the lapse of a short interval, as compared with those in which its operations have to be established *ab initio*.

H. B——, aged forty-eight, was admitted on the 9th of June last, with a fracture of the lower third of the femur, sustained in slipping over a piece of orange-peel. It was placed in good position on an American swing splint.

On the 19th of the same month, the patient was found to be suffering from an attack of pneumonia, which, on July the 2nd, was followed by the formation of an abscess around the fractured ends of the bone. Pus was evacuated on two occasions by means of an aspirator, and the use of the splint was continued. The abscess filling once more, towards the close of August, it was laid open, and a drainage-tube was kept in for about three weeks.

On the 2nd of October, the limb was taken out of the splint, and, as the bone was found to be perfectly united, the patient was allowed to leave his bed. In about a fortnight more, however, it gave way in the old seat of fracture, and another collection of pus formed round the broken ends. It was liberated by means of an incision, and the limb was once more placed in position. In yet another fortnight the fragments were again firmly united. The patient has since done well.

CHARING-CROSS HOSPITAL.

STRANGULATION OF A LOOP OF INTESTINE BY FIBROUS BANDS; DEATH.

(Under the care of Dr. SALTER.)

THOMAS K——, aged sixty-nine, was admitted into the hospital, suffering from the symptoms of intestinal obstruction. He stated that he had always been liable to constipation, and six years ago was admitted as an in-patient for an attack similar to the present, which was relieved by enemata.

It appeared that his bowels had of late been much confined, and he had been obliged to make frequent use of purgative medicine, and thus an action had been obtained daily until thirteen days previously. Since then he had had no evacuation, notwithstanding the repeated administration of powerful purgatives. His pulse was 72, he had no abdominal pain or tenderness, and at first no distension. He vomited frequently, and the ejecta were stercoraceous. In a few days the lower part of the abdomen became decidedly distended, the distension being confined to the part below the umbilicus; then, gradually increasing, it at last became considerable. There was no distension of any part of the colon. Large quantities of enemata were retained, and an O'Beirne's tube was passed high up into the rectum. The obstruction, however, resisted all treatment, and, worn out by vomiting, the man died of inanition on the 22nd of November, ten days after admission, and nearly a month after the bowels had ceased to act.

Post-mortem examination.—On opening the abdomen the peritoneum was found to be only slightly inflamed. There was some distension of the ascending, transverse, and descending colon, as though the obstruction had existed at or near the rectum; but the bowel being carefully examined and found to be free from disease, it appeared probable that the gaseous distension was a post-mortem result. The ileo-cæcal valve was patent. Tracing the small intestine from below upwards, the cause of the obstruction was met with at the upper portion of the ileum, where a knuckle of intestine had slipped through two old fibrous bands or cords in a very curious way, by which a piece about three inches in length was doubly strangulated. One of the cords was attached below, and, passing upwards, turned over the margin of the bowel and constituted the upper or proximal constriction; the other, attached above, passed downwards, crossing the first, and gripped the lower margin of the bowel, forming the distal or lower constriction. It looked, at first, as if the two bands passed completely round the loop of intestine, and might indeed be one, but, on examination, this was found not to be the case—they were entirely separate and distinct; and how the intestine could have become thus engaged, or what was the previous relation to these bands, and of the bands to each other, it was not possible to ascertain. It was found impossible, not only to release the intestines from the grip of these bands and so to place them in a natural unconstricted condition, but also to place them in any position whatever which would relieve them of strangulation. One of the bands arose from the mesentery close by, the other from the wall of adjacent ileum; they were as round as whipcord, dark, smooth, and shining, and reminded one of a leather boot-lace, or still more of a certain round cord-like seaweed which presents a similar appearance. No doubt they were the products of some long past peritonitis. Above the constriction the bowel was capacious, distended, and slightly inflamed; below it was small, contracted, and pale.

Dr. Salter pointed out that in such cases two things had to be determined: the one, the *existence* or not of mechanical obstruction; the other, the *seat* of the obstruction, if it existed. And he insisted on this last point being of almost equal importance with the first, as on it depends the possibility of surgical interference for the relief of the obstruction. For colotomy to be admissible, it must be well ascertained that the obstruction is below the point at which the bowel would be reached.

The points which indicated the *existence* of mechanical obstruction in this case were—(1) the sudden and apparently causeless cessation of the daily action of the bowels, unattended with pain or any symptom that would imply a spasmodic or inflammatory source of intestinal inaction; (2) the powerlessness of all the purgatives that were heaped one upon another before the patient's admission; (3) the establishment of constant and persistent vomiting; (4) hiccough; (5) the stercoraceous character which, after a few days, the vomited matter presented, and maintained up to the fatal termination of the case; (6) tympanitic distension of the bowels. Of the physiology of hiccough in intestinal obstruction Dr. Salter had never heard a satisfactory explanation; all the other symptoms were the obviously necessary result of the obstruction to which they pointed.

With regard to the *locality* of the obstruction, the principal indication of its being situated in the small intestine, and not in the large, was the absence of all that distension of the colon which, when obstruction occurs low down in the bowel, is generally so conspicuous. The tympanitic bulging of the ascending, transverse, or descending colon, which is often so marked, had been entirely wanting in this case during life. Such distension, however, was manifestly present in the small intestine, and produced the fulness in the umbilical and hypogastric regions which has been referred to. Moreover, nutrient and purgative enemata were retained without difficulty.

Dr. Salter pointed out how this case illustrated the use-

lessness and the mischief of the practice, so commonly adopted in cases of intestinal obstruction, of endeavouring to overcome it by strong purgatives given by the mouth, and which had been for several days pursued in this case prior to its admission to the hospital. Such a course could only result in augmenting the sufferings, and adding to the danger, of the patient. The proper plan was, to give opium freely, with other remedies likely to relax spasm, if such existed, and to obviate the supervention of peritonitis; to endeavour to relieve the bowels from below by enemata of various kinds; to administer nutrient enemata; and to give purgatives only as a last resort—a forlorn hope—when a fatal issue was so plainly inevitable that the effect of the purgatives, if unsuccessful, would not materially prejudice the patient's condition.

Dr. Salter's impression had been that the obstruction was nearer the termination of the ileum than it turned out to be. He said that if the exact nature of the obstruction, and the exact seat of the constricting bands, could have been ascertained during life, this was one of those cases that might have been successfully treated by cutting down upon the intestine, and dividing the strangulating cords.

ST. GEORGE'S HOSPITAL.

(OPHTHALMIC DEPARTMENT.)

(Cases under the care of Mr. BRUDENELL CARTER.)

THE ophthalmic operations at St. George's Hospital are now performed on Thursdays at 12 o'clock, so as to be completed before the operations in general surgery commence. On Thursday last Mr. Carter had six operations on five patients, two for strabismus, one of removal of the eyeball after injury, one of cataract extraction by von Graefe's method, one for the laceration of false membrane after cataract extraction, and one of iridectomy for simple glaucoma. The two patients operated upon for strabismus were first cousins; and gave Mr. Carter occasion to point out that there is frequently a family tendency to squinting, due to flatness of the eyes as a peculiarity of formation, and apt to be attributed, but quite erroneously, to imitation of their elders on the part of the younger branches. After extracting the cataract under chloroform, Mr. Carter proceeded with another case while the patient was recovering consciousness, and then explained that the perfect success of von Graefe's operation depends mainly upon the completeness with which the cortical matter of the lens is evacuated. In order to insure this, it is well to wait until the patient can render assistance by looking down, and then to use gentle circular friction with the finger through the lower eyelid, at the same time causing the section to gape a little by equally gentle pressure on the sclerotic behind it. The best test of the complete removal of cortex is afforded by the state of vision; and when the patient, as in this case, instantly counts the fingers held before her, and can tell a thumb from a finger, further friction is unnecessary, and an uninterrupted healing may be confidently predicted. The removal of the eye was done in consequence of a blow that had ruptured it near the ciliary region, and that had not only destroyed sight, but produced irritation likely to give rise to sympathetic ophthalmia.

Provincial Hospital Reports.

MATER MISERICORDIÆ HOSPITAL, DUBLIN.

TRAUMATIC TETANUS; TREATMENT BY CHLORAL HYDRATE.

(Under the care of Mr. TYRRELL.)

OF late the chloral hydrate has been frequently used in the treatment of tetanus, and with varying success. In THE LANCET of December 3rd, a case is reported by Dr. G. Johnson, of King's College Hospital, where its administration was followed by recovery; and in the number for November 26th an unsuccessful case is reported by Mr. Eager, of the Royal Surrey County Hospital, Guildford. In the following case, as in the one under the care of Mr. Eager, the administration of the chloral hydrate did not save the patient's life, but it certainly rendered the progress of the disease less painful by procuring sleep.

The following notes are by Mr. Robert Curran, resident pupil:—

John G——, aged twenty-three, was admitted into hospital suffering from severe injuries of the face and eyes, caused by an explosion of gunpowder. The accident occurred on the day of his admission. His face was blackened by the powder; there was a slight contused wound on the right side of the nose, and his eyelids were much swollen and very red. On elevating the lids the cornea appeared, from the surrounding chemosis, to be depressed, and he could not distinguish the light of a candle brought close to his face. On the third day both cornea were perfectly opaque, and in a state of slough; the swelling of the lids was less, and the wound of the nose had commenced to heal. On the seventh day the patient had a rigor, and complained of stiffness of the neck and jaws, and could not well open his mouth; later in the day he was seized with a spasm which lasted a few seconds and during which his teeth were firmly clenched. His pulse was 70, full and strong; there was no difficulty in deglutition, and he drank a large quantity of beef-tea, milk, and wine. He was ordered ten grains of the chloral hydrate every third hour. After the second draught he slept soundly for two hours, and expressed himself as much better, and freer from pain than he had been since his admission.

Eighth day.—Has had a good night's rest; has taken eight draughts and a large quantity of beef-tea and wine; pulse 74, strong; no spasm during the night; says he feels better.

Ninth day.—Has had a bad night; did not sleep. Did not take the chloral, as he thought the coldness of the draught brought on the spasms, which were frequent. Pulse 76, but not so strong as yesterday; stiffness of the neck and jaws much increased; head slightly bent backwards. Ordered thirty grains of the chloral in hot whisky-and-water, to be repeated in an hour if requisite. In twelve minutes after taking the draught he fell into a calm sleep for two hours. On awaking he asked for a smoke, which was of course allowed. During the day he had a quart of beef-tea strengthened with Liebig's extract, and ten ounces of brandy. At 2.30 P.M. he took a second draught containing thirty grains of chloral, and in a few minutes he was asleep, and slept soundly for an hour. Pulse 74 and strong. At 7 P.M. he had a draught with forty grains of chloral, and slept for two hours after taking it. At midnight a draught similar to the last was given, and he now for the first time complained of some difficulty in swallowing.

Tenth day.—3 A.M.: The chloral was repeated.—10 A.M.: His jaws were very stiff; he had great difficulty in opening the mouth, and pain and difficulty in swallowing. It was found necessary to introduce a catheter between his teeth, and allow him to drink through it. Since yesterday morning he has taken one pint of beef-tea, eight ounces of wine, and three ounces of brandy.—10.30 A.M.: The draught was repeated, but no sleep was produced. As the spasms were increasing, another draught was attempted to be given, but he was not able to swallow more than one-third of it. A solution of chloral was now prepared, containing sixty grains to the drachm, and one drachm of the solution in a little beef-tea was swallowed at eleven o'clock. He immediately fell into a quiet sleep which lasted for an hour. During the day he refused all nourishment by the mouth, as every attempt to swallow brought on very severe spasms. Pulse 80, weak.—3 P.M.: Ordered an enema containing two eggs, one ounce of brandy, two drachms of chloral, in six ounces of beef-tea. The injection was retained. It gave him relief from pain, but did not produce sleep.—9 P.M.: The enema repeated. Slept for one hour. Pulse 76, stronger.—Midnight: Enema repeated. Slept on and off till morning.

Eleventh day.—Power of swallowing entirely gone. Pulse 78, very weak. During the day he became very weak, and he died quietly, without spasm, at 7 P.M. During the day nutritive enemata were given, but not retained. He took 770 grains of chloral in eleven days.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 24TH, 1871.

DR. BURROWS, F.R.S., PRESIDENT, IN THE CHAIR.

ON THE PROBABLE CAUSE OF THE POST-MORTEM MUSCULAR CONTRACTIONS IN CHOLERA, AND ON THE PHILOSOPHICAL TREATMENT OF THAT DISEASE.

BY JOHN G. FRENCH, F.R.C.S.,
SURGEON TO THE ST. JAMES'S INFIRMARY.

THE author believes that a physical law of nature, discovered by Dr. Marshall Hall, accounts for the post-mortem contractions in some cholera patients. He also thinks that Dr. Hall's study of the subject of hibernation, in which he discovers abnormal physiological conditions for prolonging life without food, suggests an analogy to the abnormal conditions in cholera, where these sustain life during the elimination of a mortal poison. Appropriate treatment results from the premises as a necessary consequence.

CASES OF HYSTERIA WITH SNEEZING.

BY ROBERT LEE, M.D., F.R.C.P.

This paper contained an account of two cases of hysteria in which sneezing fits formed a prominent symptom. The author did not profess to give any explanation of the occurrence.

SUGGESTIONS IN SUPPORT OF A RATIONAL SYSTEM OF THERAPEUTICS.

BY E. MERYON, M.D., F.R.C.P.

In a former paper Dr. Meryon showed that every ganglionic centre of the sympathetic system of nerves has three distinct elements, over and above the ganglionic cells, and that each element or nerve-cell has its own special attribute,—the sensory fibres, to impart the vital sense of an organ, affecting its histological tissues, without operating immediately on its bloodvessels; the motor fibres, to incite vascular action and secretion in response to the vital sense; and the grey fibres of Remak, to restrain and regulate the stream of nutriment conveyed by the arterioles into the cell territory for secretion or for assimilation.

In the present paper the above anatomical and physiological data are utilised for the purpose of interpreting the operation of many medicinal agents.

For instance, the fact shown by M. Claude Bernard, that section of the fibres of Remak induces increased vascularity and elevation of temperature in the parts to which those sympathetic nerves are supplied, has its pathological counterpart in inflammation, in which, owing to the loss of the inhibitory influence of the nerve-fibres of Remak, blood-corpuscles penetrate into those minute arterioles through which blood-plasma only should be propelled. In the spurred rye (ergota), we have an agent which produces the very opposite effect. By increasing the inhibitory influence of the sympathetic fibres, it diminishes the calibre of vessels, shuts out blood-corpuscles from the capillaries, and even the blood-plasma itself, and so restrains many forms of hæmorrhage.

Dr. Meryon then goes on to show that, just as the localised ganglionic centres of innervation are suggestive of independent action, and localised, accelerated, or retarded circulation is an obvious indication that the vascular function of each individual gland is regulated by such ganglionic centre, so have we medicinal agents which localise their power on special parts, either by exciting or restraining their functions.

This proposition is illustrated by showing the manner in which drugs having antagonistic actions exert their influence on the different individual organs.

Seeing that most pathological conditions are but extensions or exaggerations of physiological actions, and the effects of derangement of the operations of the vaso-motor nerves; seeing, moreover, that we have therapeutical agents which stimulate, or assist, or supplement the attributes of the vaso-motor nerves, on which the healthy functions of all organs depend, Dr. Meryon concludes that in the knowledge and due appreciation of such aids we have the foundation of a rational and scientific system of therapeutics.

MEDICAL SOCIETY OF LONDON.

MONDAY, JAN. 16TH, 1871.

MR. GAY, PRESIDENT, IN THE CHAIR.

DR. KELBURN KING, of Hull, read a report of the case of C. E——, aged twenty-eight years, who had for three months suffered from a tumour growing in the throat. The symptoms were chiefly difficulty in swallowing, speaking, and breathing. The tumour, covered by mucous membrane, was felt in the left of the soft palate as a hard mass, isolated from the nasal cavity, and bounded externally by the ascending ramus of the maxilla. Its base was broad, and passed outwards and backwards behind the jaw, where it could be felt externally. The symptoms becoming urgent, he was admitted into the Hull Infirmary, and the tumour was removed by Dr. King. First, as a precaution against hæmorrhage, a ligature was placed loosely on the common carotid artery; the face was then laid open by an incision from the angle of the mouth to the jaw, masseter muscle and ramus of jaw being both divided. Some difficulty arose from the slipping of the tumour down upon the glottis, and so threatening suffocation; but Dr. King was able to hook it up with his fingers, and so removed it through the division made in the inferior maxilla. At the close of the operation there was free hæmorrhage, which was controlled by tightening the ligature on the carotid. The ligature broke at first, but this being remedied the hæmorrhage ceased. The man for some time progressed favourably; but there were cases of erysipelas in the hospital, and he unfortunately caught this disease, and died of it.

Dr. MORELL MACKENZIE inquired whether the tumour could not have been removed by the mouth by means of the écraseur.

Dr. KING said that he was anxious to remove the whole of the tumour, and, owing to its very broad base, he did not think he could have done this with an écraseur.

Dr. ROGERS agreed with the importance of removing *the whole* of these tumours.

The PRESIDENT was one who did not fear hæmorrhage in these cases.

Mr. HENRY SMITH showed a gold tooth-plate and teeth that had been swallowed by a gentleman who was a patient of Dr. Hamilton, of Mitcham. Mr. Smith saw the man six hours after the accident, and was able then to touch the plate with a pair of long forceps; but all attempts at extraction were unavailing, so Mr. Smith pushed the plate down into the stomach. The patient then felt relief, and nine days after passed the plate by the bowel with but little pain.

Mr. SMITH also showed a similar plate in vulcanite, given to him by Dr. E. Johnson, that had been swallowed and passed through the patient in safety.

Dr. KING narrated a case where a man swallowed his false teeth; he was seen by him at the Edinburgh Infirmary. Mr. Syme, not being able to pull the teeth up, at once pushed them down. A few days after Dr. King was sent for to see the man, and found him dead. The angular hooks on the tooth-plate had torn the œsophagus, and perforated the aorta. In the stomach was a complete cast of its cavity in blood-clot.

Mr. CARTER had seen a case where a brooch was swallowed. The patient was made to eat a large quantity of bread, and then an emetic was given, when the bread and brooch all returned together.

Dr. MORELL MACKENZIE was in the habit of using an instrument known on the Continent as the "ramoneur" in these cases. It was passed down, and as it was withdrawn a sort of brush expanding caught the foreign body, and so removed it.

Dr. MACKENZIE then showed his new "Eclectic" Inhaler. In this instrument there was a sufficient supply of air insured, and an even temperature was maintained by a lamp placed below. The air entered by a series of apertures, and, having passed through the liquid, escaped by the inhaling tube, which was of large calibre.

Dr. CARPENTER, of Croydon, then read a paper "On the Causation of Scarlatina," which is published in full in another part of our pages.

Dr. FREDERICK SIMMS inquired as to whether Dr. Car-

penter could point out the one essential cause of scarlet fever.

Dr. RICHARDSON, alluding to his own former researches on scarlet fever referred to by Dr. Carpenter, said that he believed all he had at that time stated to be in the main still as true as ever. It was important to study the condition of body favourable to the development of scarlet fever. His own experience would go to prove that the disease was as fatal among the rich as among the poor. The first effect of the poison was on the nervous system. Much depended on the pre-existing state of system in determining the severity of an attack, and at some periods of the year it seemed more fatal than at others.

Dr. ROUTH inquired if the disease was more fatal among the people who were engaged about slaughter-houses.

The PRESIDENT asked if the amount of blood refuse which passed into the sewers influenced perceptibly the prevalence of the disease, and if those who consumed meat essences much were liable to scarlatina.

Dr. CARPENTER, in reply, said he could not point out the very essence of the scarlet fever poison; he believed the disease to be common in the families of slaughter-men and butchers; and in those districts where much blood passed into the sewers, and then became putrid, scarlet fever was almost sure to appear. Those who consumed much meat food did not appear to be more liable than others.

HARVEIAN SOCIETY.

JAN. 19TH, 1871.

MR. DE MÉRIC, PRESIDENT, IN THE CHAIR.

THE PRESIDENT delivered the introductory address. He regarded his position as one of great honour, and would fulfil its requirements with zeal and attention. To be a member of the Harveian Society was an honour, it being proof positive that no professional blot was attached to any who were so. He considered his own especial honour would consist in guiding and directing the members in their search after scientific truth. He exhorted the councilmen, the secretaries, and the members, to diligent and faithful work in their respective spheres of action. The evidence of general practitioners upon therapeutics and epidemiology was always valuable, because they could watch and follow up their cases, and knew all the attendant circumstances. The President rejoiced in the conviction that the meetings of the Harveian Society would in the future be, as they had ever been, conducted in that gentlemanly spirit which would render any opinion expressed perfectly free and open to an impartial criticism.

Dr. FARQUHARSON (of Rugby) exhibited specimens, recently brought from Edinburgh, of the oiled silk Protective and Antiseptic Gauze, described by Professor Lister.

Mr. FAIRLIE CLARKE expressed his appreciation of Lister's practice, which he attended sixteen months ago. The specimens exhibited were simpler and more perfect than the dressings then employed. He valued the antiseptic treatment of wounds highly, but recommended a further trial of it, irrespective of prejudices about the germ theory, upon which it was premature at present to form an opinion.

Dr. FARQUHARSON, upon the request of Mr. Fairlie Clarke, briefly described the *modus operandi* with the specimens exhibited. Professor Lister, he said, attached great importance to operating in a carbolic atmosphere, and with carbolised instruments, &c.; and that the antiseptic gauze, being very absorbent, was preferable to the resin lac formerly used.

Mr. WEEDEN COOKE remarked upon the success which followed the use of antiseptics other than carbolic acid, especially chlorine.

Dr. FARQUHARSON then read a paper "On some Forms of Pneumonia." After a few general observations, pneumonia attacking the apex of the lung was discussed, with which form the author associated symptoms of an ataxic and tedious kind. Four cases of non-tubercular patients so affected were complicated by a retarded convalescence and long-continued consolidation of the apex of the lung. He then narrated a case of pneumonia of the right apex coinciding with jaundice; and another somewhat rare case, in which urgent cerebral symptoms masked the onset of pneumonia at the base of the right lung. Three cases of pneumonia terminating in sudden death were related, in two of which large and firm clots obstructed the pulmonary artery. In treatment the author considered antiphlogistics seldom necessary; aconite had checked a case in a very incipient stage. Mild counter-irritation is generally beneficial, but blisters weaken and irritate. Linseed poultices were frequently objected to owing to their weight and smell. In uncomplicated cases a successful issue might be expected from the use of diaphoretics, tonics, good diet, and a duly regulated allowance of alcohol.

Dr. HARE regarded rapid lung consolidation and its rapid resolution as the typical form of pneumonia accompanied by herpes. He had seen only one case in which herpes was present prove fatal. This form tends to recovery, whether base or apex be involved. Cases in which the apex alone is attacked are less serious than those in which the pneumonia, commencing at the base, extends to the apex, because in the latter the whole lung is implicated.

The President, Dr. Day, Dr. Norton, and Dr. Westmacott took part in the discussion.

Reviews and Notices of Books.

Lectures and Essays on the Science and Practice of Surgery. By ROBERT MCDONNELL, M.D., F.R.S. Part I. Clinical Lectures on Venereal Diseases. Dublin: Fannin and Co. London: Longmans, Green, Reade, and Dyer. 1871.—The author has yielded to the solicitations of his pupils to publish his lectures in a form that should be easily accessible. He proposes to publish his lectures, as well as his practical and scientific essays, in separate parts, making each one, as far as practicable, complete in itself. The first is on venereal diseases. Extremely little is said about gonorrhœa. The author belongs to the more advanced of modern syphilographers, showing a decided partiality for the Diday school. He disconnects syphilis altogether from the local venereal sore, and regards the morbid state induced by syphilis as a veritable toxæmia rather than a diathesis. We are glad that Dr. McDonnell has not been induced to dwell too much upon the presence of induration in the chancre, for it is not by any means the case, as some writers would have us believe, that this is an invariable feature in the primary syphilitic lesion. The best way to proceed is to found the diagnosis upon the consideration of a group of phenomena instead of upon one symptom exclusively. He rightly attaches considerable importance to the fact that syphilis has a period of incubation; and he gives, in illustration, five cases occurring in his own experience where he was able to fix the period definitely. About one month elapsed between the date of contagion and that of the appearance of the primary syphilitic manifestation. This part of Dr. McDonnell's lectures contains nothing, perhaps, either in doctrine or reasoning, that has not been advanced before; but the information is well put together, and expressed in a "smart" style, which makes the reading of these lectures easy, and probably rendered them effective when delivered.

On the Treatment of Intra-thoracic Aneurism by the Distal Ligature. By CHRISTOPHER HEATH, F.R.C.S., Assistant-Surgeon to University College Hospital, &c. London: J. and A. Churchill. 1871.—The very interesting case in which Mr. Heath tied the right subclavian and right common carotid arteries, in November, 1865, for what was supposed to be aneurism of the innominate artery, will be in the memory of most of our readers. The patient was discharged from hospital on March 6th following, in good health, and with no symptoms referable to the aneurism. When Mr. Heath next heard of his patient it was that she had been admitted into St. Bartholomew's "dead drunk." The unfortunate woman, after leading a very irregular life, and going the round of some three or four hospitals,

eventually died in December, 1869, exhausted by hæmorrhage. The aneurism (very extensive) was of the arch of the aorta. Mr. Heath gives an excellent description of the state of the vessels and other parts concerned. The preparation was brought before the Pathological Society in April last. Mr. Heath has made some valuable additions to his paper since it appeared in our columns, and this reprint is unquestionably well worth reading.

What we observed during a Visit to the Seat of War in 1870. By CHARLES ORTON, L.R.C.P. Edin., Medical Officer to the North Staffordshire Infirmary; and WILLIAM DUNNETT SPANTON, Surgeon to the North Staffordshire Infirmary. London: J. and A. Churchill. 1870.—This is a reprint from the columns of THE LANCET. The observations made during a visit of this kind can scarcely have penetrated deeply enough for the information to be sufficiently exact or adequate in point of detail to render it available for scientific purposes or future guidance. The authors' papers possessed much interest at the time when the war—which we may hope soon to speak of as the late war—was going on, and we are very glad to see that they have been republished in a separate form, of which they were quite worthy.

East and West. Edited by Countess SPENCER. Longmans, Green, and Co.—We specially commend this charming little book to Messrs. Mill, Fawcett, and the President of the Poor-law Board. If the principles involved in the public treatment of the poor and destitute were only half as sound as those circulated by Countess Spencer, we should soon find a real amelioration in the physical and moral condition of the poorer classes. Thus, in opposition to Poor-law dogma, we have it laid down that the man who is able to work *must* maintain his family. He is to have no gifts, but be assisted to help himself when in distress. To such persons wages are better than alms, and low payment for work done is a real boon. The scale of payment for work provided by charity is to be lower than the market value of the same labour to ordinary employers. The whole system of relief advocated depends on personal influence and personal service, beginning with that of the lowly visitor, herself a member of the lowest class, and ending with the *élite* of England's aristocracy. Why should not such influences be placed at the disposal of the Poor-law authorities? We fear that the traditions are all against it, and that such union is hopeless with boards of guardians, whose primary object is not to raise the poor, but to depress the rates.

Geology. By JOHN MORRIS, F.G.S., Professor of Geology and Mineralogy, University College, London, and J. RUPERT JONES, F.G.S., Professor of Geology and Mineralogy, Royal Military College, Sandhurst. London: John Van Voorst, Paternoster-row. 1871.—We would counsel those who are working at Geology to purchase this little book, for it is good in design, very concise, and likely to be extremely useful to students and teachers. It contains the heads of lectures on Geology and Mineralogy delivered at the Cadet College, Royal Military College, Sandhurst, together with the synopses of lectures used at the Staff and Cadet Colleges, Sandhurst. This is the "first series," as it is termed, and the authors are preparing the "second series" in the shape of a comprehensive handbook. By the aid of two such works as we have named, together with an honest endeavour to study the facts, and trace out the reasoning for himself by personal observation, a student may acquire something like a practical and well-grounded knowledge of the subject.

A Short Essay on Practical Experimental Philosophy: its use and abuse. By the WIFE of ROBERT WILLIS, M.A., F.R.S., &c. London: Longmans, Green, and Co. 1871.—This is a well-intentioned essay, but we must confess that there is very little in it.

REPORT
OF
The Lancet Sanitary Commission
ON
PUBLIC VACCINATION IN THE METROPOLIS.

ST. GEORGE'S, HANOVER SQUARE.

THE St. George's Union, Hanover-square, comprises the parishes of St. Margaret and St. James, Westminster, the district of Pimlico as far as Chelsea, and that of Grosvenor-square. The population was 150,000 in 1861, somewhat less than half being in Westminster. There has been little or no small-pox in the Grosvenor-square district, more in Pimlico, but in Westminster the epidemic has been most severe and fatal. In St. John's district particularly the mortality is very high; there have been 46 deaths this year. The two district medical officers have at present 94 cases under treatment, being an increase of 21 on those of the previous week.

There were formerly eight public vaccinators in Westminster; there is now but one; and, although Dr. Pearse vaccinated more children than all the rest put together, it would appear that the number vaccinated has considerably fallen off since the reduction. The question of distance and convenience is one of great importance to the poor, and, although the present station is very fairly placed, some of the parents live a considerable distance off. Dr. Pearse is a very efficient and experienced vaccinator. He vaccinates at the rate of one a minute, thus: after bathing the point of his lancet in a copious drop of lymph, he inserts the point of it horizontally in three separate places, so as to make three single punctures of the shape of the lancet-point, which bleed little. These punctures are arranged in a triangular form, three in each arm. The failures are very few. The resulting vesicles are not large, but plump and full of fine lymph. He has charge of the Privy Council station at Tottenham-court-road, and certainly he spares no pains in the execution of his duty as a public vaccinator. The usual day of attendance is Monday, but at present he is attending daily, and vaccinating at his private residence in the evening also. We found the rooms of the station very small in comparison with the crowd waiting for admission. This pressure, however, is only recent, for on the 29th of December there were only four children to be vaccinated. Dr. Pearse vaccinates in three places on each arm. He finds no objection on the part of parents in Westminster; but at Tottenham-court-road he experienced considerable opposition to the practice, as most of the local vaccinators only operate on one arm. This objection is diminishing. The number of vaccinations last year was—first quarter, 178; second quarter, 365; third quarter, 321; fourth quarter, 229; total, 1093. During the week ending January 23rd there were 160 vaccinations and 131 revaccinations. No revaccinations were done last year. It is important to remark that several cases have occurred in which complete vesicles have been formed by the revaccination of children of seven, nine, and eleven years of age. Dr. Pearse has made special notes against these cases. Twenty per cent. of the children never return to be inspected. Dr. Pearse has been in the habit of looking them up in his rounds amongst his patients; but, however necessary such visits are, it is obvious that the payment of 1*s.* 6*d.* per case does not remunerate him for the trouble he takes.

Notwithstanding the great personal efforts and influence of Dr. Pearse—who, by the way, has the great advantage

of being registrar for the district for which he vaccinates,—we cannot regard the state of public vaccination in Westminster as by any means satisfactory. The fearful epidemic which is now raging would alone be sufficient proof of this. But other evidences, which were well known before the epidemic broke out, are not wanting. The return of defaulters is excessive, and has been growing since 1868. In St. John's the defaulters in March, 1868—the first quarter under the Vaccination Act—numbered 92; in the half-year ending Michaelmas, 1868, there were 202; at Lady-day, 1869, 180; at Michaelmas, 1869, 270; at Lady-day, 1870, 364; at Michaelmas, 1870, 258. As the births in this district are about 1300 in the year, it would appear that the majority of the children are not vaccinated at all. In sending in his return of defaulters in 1870, Dr. Pearse drew the attention of the guardians to the unsatisfactory nature of the return, and requested the appointment of an inspector. Dr. Seaton also appears to have frequently remonstrated with the guardians since the passing of the Vaccination Act; and more lately the subject has also been pressed upon their attention by the Poor-law Board. No action was taken until three or four months ago, when, it being found necessary to increase the office staff, a clerk was appointed at a salary of £80 a year, with the understanding that he was to perform his duty out of office hours. This officer apparently did nothing. No one heard of his visits, or saw the notices he was supposed to deliver, and he never once visited the office of the registrar. In December, the increase of small-pox in Westminster attracted the notice of Mr. Barnard Holt, the medical officer of health. He inspected a school, and found 10 per cent. of the children unvaccinated. Remonstrances were addressed to the guardians from all quarters; and, the office of registrar being vacant, the guardians proceeded to effect an arrangement which was certainly characteristic of a guardian board. They appointed a registrar on the condition that he should perform the duties of vaccination inspector without further pay. Fortunately for the public, it was discovered that the guardians had neglected to make the appointment in proper time, and the Registrar-General, whose duty it became to fill up the vacancy, positively forebade the new registrar to undertake duties which would so much interfere with his ordinary work. Meanwhile the epidemic spread, and, as we announced last week, the guardians not only resolved to appoint an inspector, but they actually ordered Dr. Pearse to employ two medical men to visit from house to house, and inspect the inhabitants, with the object of inducing them to be vaccinated, or revaccinated, as their cases might require. This it appears to us is going to the opposite extreme. To be of real use, these gentlemen should be empowered to vaccinate every person in the infected districts willing to submit to the operation. The money would in that case have been wisely spent. But in fact they are only doing what should be done by good inspectors: they are sending to the public station those who choose to go.

Pimlico station is at Dr. Webb's house, 9, St. George's-road. At the hour of visit it was crowded with people of all ages waiting to be vaccinated. 445 persons have either been vaccinated or revaccinated during the past week. The pressure has come on very gradually since the early part of December last, when the average attendance was 17 or 18 persons a week. Vaccination in this district has considerably diminished during the last few years notwithstanding very great personal exertions on the part of Dr. Webb. In 1867 the total number of vaccinations was 824; in 1868, 664; in 1869, 548; in 1870, 576, of which 65 were revaccinations of adults. As the size of the district has not changed, Dr. Webb attributes the falling off to the influence of the anti-vaccination propaganda. But he also complains of the difficulties which he has experienced in the apathy of the registrar and guardians. The advantage of combining the offices of registrar and public vaccinator are very great. The registrar is able to embrace the opportunity of the registration of a birth to urge the propriety of vaccination, but if he is not a public vaccinator he simply delivers the notice to vaccinate as a matter of form; indeed, for a long time this was done at Pimlico without inserting the name of Dr. Webb, and even now the registrar will not permit him to print his name and address in the place and manner as done by Dr. Pearse; so that Dr. Webb has been compelled to distribute a sort of advertisement amongst his pauper patients in the district. Notwithstanding this, however, the numbers had continued to diminish until the present epidemic set in. Dr. Webb is a very strong advocate for revaccination. His own daughter, aged eight, presented the remains of four fine vesicles. He has repeatedly revaccinated all the inmates of an infected house with the result of checking the disease. A few weeks ago a woman was seized with small-pox; she had an infant at the breast; she was removed to the Small-pox Hospital, and every member of the household was immediately revaccinated except the woman's sister. This woman was warned that she might have small-pox. She had it and has since died; all the rest escaped. Some time ago Dr. Webb revaccinated a large family. He was subsequently sent for to attend one of the sons with small-pox. On inquiry he found that this son had been away at sea when the others were revaccinated. Dr. Webb is of opinion that the residents in every infected house or court should be revaccinated under the same authority and compulsion as the disinfection of the clothes and rooms. Revaccination ought to be universally enjoined as the only real test of successful vaccination. With regard to providing the necessary supply of lymph, he says there should be no difficulty. He will engage to find sufficient for several hundreds every day, and yet provide enough lymph for primary vaccination. A sufficient store may readily be kept in tubes for any length of time. Dr. Webb is of opinion that his district is not too large to secure a proper supply of children every week. Last year there were three days on which there was only one child present. Nevertheless he is of opinion that the size of a district will not obviate the necessity of personal exertion and management. A very large proportion of children do not return for inspection, and in order to avoid the loss of fees he is obliged to devote a great deal of time to looking up the children at home. Dr. Webb also complains of the want of an inspector, and states that there is ample employment for one in his district. It may be remarked that the fee for vaccination is practically raised from 1s. 6d. to 1s. 10d. when the vaccinator is also registrar, a fact which gives an enormous impulse to his labours. The general feeling we have hitherto elicited is that the fee of 1s. 6d. ought to be much more liberally supplemented by the Privy Council in order to induce the public vaccinators to take more interest in their work, especially in large districts. None of the vaccinators of the St. George's Union have as yet received a premium.

Knightsbridge station is at Dr. Martyn's surgery, Trevor-terrace. The district is small, and a good deal isolated from other parts of the St. George's Union. Part of it is comprised in the Pimlico district, which makes the distance to the vaccination station longer in some cases than it need be. Notwithstanding the general panic, only nine children were vaccinated on Saturday last. By the advice of Dr. Seaton the days for public vaccination were reduced to sixteen in the year—namely, four successive Saturdays in January, March, July, and October. This had had the effect of considerably reducing the numbers vaccinated. Dr. Martyn, having an extensive midwifery practice, carries on arm-to-arm vaccination on his own account. Under the former arrangement he made his public fit in with his private work. He finds no difficulty in securing a good supply of lymph in capillary tubes.

The Grosvenor station is in Park-street. The number of vaccinations is not so large as it should be. There are 101 defaulters returned for the half year ending Michaelmas, 1870. Mr. Jay states that he finds no difficulty in keeping a good supply of lymph; indeed he seems to be in the habit of supplying it freely to professional applicants.

It is certain that in both Knightsbridge and Grosvenor-square districts the number of unvaccinated children is quite large enough to give a home to small-pox, should it once arise amongst them. The appointment of a single inspector is not sufficient for the whole union.

Foreign Gleanings.

THE SULPHITES AND THE HYPOSULPHITES OF SODA OR MAGNESIA.

DR. RONZANI gave these salts, proposed by Polli as the most trustworthy antiseptics, a fair trial in malarious intermittents, and found them to answer remarkably well. He administered the sulphite of magnesia in doses varying from 30 to 60 grains, three or four times a day. Out of 120 patients suffering from marsh fever, two-thirds were free from attacks in a very short time; the remaining third had quinine and other drugs besides the sulphite. Of course Polli, and the numerous Italian physicians who give the sulphites, believe in the fermentative nature of the poison of malaria. Dr. Ronzani, in his article, makes judicious remarks as to the action of the toxic agent. He used hyposulphite of lime especially to treat the ague cake, giving ninety grains a day at the beginning, and increasing the dose by fifteen grains every second day for a fortnight. In obstinate cases, blisters over the enlarged spleen, and quinine, iron, and rhubarb internally. The author dwells especially on the low price of the sulphites. We do not suffer much, in this country, from marsh fever; but we have to contend against many diseases the origin of which is poisoned blood. It would be of advantage to give these sulphites and hyposulphites a fair trial, taking care that the salts are pure, and have not run into sulphates.—*Annali di Medicina*, November, 1870.

ANEURISMS OF THE THORACIC AORTA TREATED BY THE GALVANIC CURRENT.

Professor Ciniselli published, in the year 1856, a work wherein he defended this practice (first introduced by Pétrequin in 1845), and showed which cases were favourable for the operation, and what errors should be avoided in the operative procedure. We now find, in the *Annali di Medicina*, of Milan, of November, 1870, a most important article on the subject, which occupies more than one hundred pages of the number. All the cases thus treated are related in full, with the remarks of the operators; a very lucid table is added, where the principal features of the cases can be seen at a glance; and the article closes with rules and hints respecting this peculiar treatment. The table shows that, from 1846 to 1866, nine cases were treated in this manner, all followed by death, one patient having committed suicide. From 1868 to July, 1870, fourteen cases are recorded, of which six recovered. This important compilation must have cost the eminent author an enormous amount of labour, and will prove of the highest utility to those interested in the subject. Four of the cases belong to Prof. Ciniselli, one of which was crowned with success.

BELLADONNA IN SMALL-POX.

Now that this epidemic is raging with such severity in London, it is well to remember that several authors, and most lately Dr. Barbier, of Lyons, treat the disease with belladonna. From a fifth to a whole grain may be given in the twenty-four hours for five or six days. As a prophylactic of variola (also used in scarlet fever), it may be administered thus:—Belladonna root, three grains; sugar, forty-five grains, in sixty papers. Two or three of these may be given to a child one year old; the dose may be increased to sixfold, according to age. Dr. Barbier maintains that the pitting is prevented by the application of strips of Vigo's plaster, the analogue of which we have in the Emplastrum ammoniaci c. hydrargyro.

A LEECH IN THE PHARYNX.

M. Trolard says, in *L'Algérie Médicale*, No. 29, 1870, that a lady rather hastily drank a glass of unfiltered water, and the next day felt some tickling towards the larynx. Having examined the pitcher whence the water had been obtained, she found seven small leeches. Nausea and spitting of blood continued, and much pain was felt about the pharynx. With the laryngoscope M. Trolard saw a leech curled up in the groove which, on the right side, runs along the larynx. The leech was seized with appropriate forceps, and removed with some difficulty, as it clung tenaciously to the part.

ROYAL COLLEGE OF SURGEONS.

PROFESSOR ERASMUS WILSON'S LECTURES ON DERMATOLOGY.

LECTURE I.

ON Monday afternoon Mr. Erasmus Wilson, F.R.S., gave the first of a course of lectures on Diseases of the Skin. He commenced by observing that last year he had taken a synoptical survey of cutaneous diseases, and he now proceeded to a demonstration of the specimens of skin affections contained in the Museum of the College, to indicate their pathological histories and relations, and the principles of their therapeutical management. There were 513 different objects, and they had been arranged in such an order as best facilitated their study, and conformed them to the ordinary divisions of pathological and physiological phenomena. The natural starting-point was common inflammation, and he proposed to arrange the whole under seven heads as follows:—1. *Diseases of common inflammation*, including (*a*) eczematous, erythematous, phlyctenous, furunculous, and traumatic affections. 2. *Diseases due to blood poisons*, including (*a*) exanthematous, (*b*) syphilous, and (*c*) elephantous diseases. 3. *Diseases of diathesis*—(*a*) leprous (lepra vulgaris), (*b*) strumous, and (*c*) carcinomatous. 4. *Diseases of function*—(*a*) trophopathic (errors of nutrition), (*b*) neuropathic, and (*c*) chromatopathic. 5. *Diseases of the epithelium*—(*a*) epidermic and (*b*) onychopathic. 6. *Diseases of the hair*—trichopathic. 7. *Diseases of the gland system*—steatopathic and hydrotopathic.

Speaking first of eczema, Mr. Wilson said he would define it shortly as "an inflammation of the skin attended by breach of surface." It presented, as shown by the models, a plurality of signs and lesions, ichoration, squamation, pustulation, &c., which were aptly expressed by terms in current use, and which were justifiable from the fact that no one particular stage or phase was predominant in actual cases of diseases such as the models represented. Mr. Wilson specially called attention to eczema erythematosum orbiculare and eczema erythematosum circinatum, the former made of orbicular patches denuded of epidermis, each patch being bordered by a broken edge of cuticle, like a frill; the other being composed of rings, the centres of which are pale instead of red, the margin above being red and fissured. To account for the difference was difficult.

He then proceeded till the close of the lecture to give the clinical features of eczema exfoliativum, or pityrasis rubra of Devergie, the dermatitis of authors, pointing out the characteristics as intense persistent hyperæmia of the whole body, with the production and frequent throwing off of bran-like scales or flakes. One case was referred to in which about ten pounds weight altogether had been cast off in a month from the subject.

Mr. Wilson had caused enlarged coloured drawings of parts of the models to be made, and these, hung behind the lecturer, were very effective, and at once and readily enabled the audience to follow the description of the diseases, and to perceive the characteristic features, as given by the lecturer.

MR. TAIT'S LETTER ON HOSPITALISM.

To the Editor of THE LANCET.

SIR,—As I have received several private communications asking an explanation of one point in my last letter, perhaps you will kindly allow me to make one answer do for all. The question is, in Dr. Farr's table it is stated that the mortality in large hospitals is 100·53 per cent. How can this be? The explanation is, and when I copied the table it unfortunately did not strike me that an explanation would be necessary, that it is not a percentage of patients, but of the constant number of inmates—that is, the number of beds. Thus, for every bed occupied in St. Bartholomew's during the four years I spoke of, ·974 patient died, or for every hundred beds 97·4 patients died. For every bed occupied in the Great Northern, ·22 patient died, or for every hundred beds 22· patients died. How these results are obtained I shall show by and by.—I remain, Sir, &c.,

Waterloo-st., Birmingham Jan. 31st, 1871. LAWSON TAIT.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 4, 1871.

WE predicted that, if nothing else brought the public to an appreciation of vaccination and the Compulsory Vaccination Act, this end would be accomplished by small-pox itself. As we hear of 188 deaths in London alone in one week, of 50 in Liverpool, of the disease invading our general hospitals, lurking in cabs, and staring one in the face in omnibuses, filling to overflowing all the special hospitals, and dividing the space of our newspapers with the great war, we look in vain for any comfortable reflection save one—that medical and sanitary science will be more respected, and that the public will learn by the things it suffers more and more to respect laws which are meant to prevent disease. The only chance of getting good out of this huge and perfectly preventable epidemic is to note carefully the lessons which it teaches.

It is discreditable to the intelligence of this country that a decided prejudice against vaccination has been extensively excited throughout the land by a few persons for the most part entirely unknown excepting for their absurd objections to an operation which has saved more lives and more suffering than any other medical discovery. It is estimated that of the 188 fatal cases of small-pox registered the week before last, 142 had been denied the protective power of vaccination, owing, doubtless, largely to the prejudice excited by the League. It is long since we ceased to take serious notice of the utter nonsense talked by the group of persons calling themselves the Anti-Vaccination League. We came to feel that all reasoning was thrown away upon men who regarded small-pox as a sort of blessing, and the Act that aimed at preventing it as an unjustifiable interference with the liberty of the subject. But it is a very serious matter that such persons should have the right of perfectly unlimited abuse of a most beneficent Act, and of traducing all who administer it; and that there should be no means of counteracting the impressions made by them on the ignorant. The Privy Council has no means of diffusing any antidote to the poison disseminated by the League. All its messages are couched in official terms, and addressed to sanitary authorities—not to the poor and the ignorant who are under the direct influence of the League. One cannot help wishing that the Privy Council had a staff of men adapted to refute before popular audiences the anti-vaccination nonsense, or that coincidently with the instructions to parents as to the requirements of the law there had been issued a statement of the plain facts which demonstrate the safety and utility of vaccination. The League by this time is probably appalled at its success, and at the amount of sickness and death which it has helped to cause. Be this as it may, the public is undeceived, and is rushing in a panic to be vaccinated and revaccinated. But we direct the attention of the Education Board of the country to the illustration of popular ignorance afforded by the success of the League. If the Board can educate children to understand the nature of this operation and the value of it, so that they will simply laugh at the men who disparage it, they will have justified their own existence, and taught that which is as important as geography or the rule of three.

But though one of the great lessons of this epidemic is to be found in its illustrations of popular ignorance, there are other lessons to be learned from it both by legislators and medical practitioners. It is notorious that, while a large proportion of the fatal cases occur to the unvaccinated, the majority of the cases happen in the vaccinated. This is due partly to the fact that the majority of people are vaccinated, and partly to the fact that they have been vaccinated very indifferently. It is the fashion to justify the Privy Council principle of having few vaccinators by disparaging the vaccinations done by private practitioners; and undoubtedly a good deal of this has not been of such a nature as Mr. MARSON or Dr. SEATON would approve. But we do not blame practitioners for this; we blame the teaching of the schools, or rather the want of teaching. Until very lately, students have not been taught anything of the importance of doing this operation well. Far more depended on their vaccinating well than on their knowledge of the anatomy of hernia or the best of different forms of amputation. Yet all their knowledge of vaccination has been picked up casually, probably in the surgery or during the time of apprenticeship, and the drift of it has been that vaccination was vaccination, no matter how scantily it was done or how poorly it resulted.

Two or three lessons cannot be too deeply impressed on practitioners. First, that the great secret of vaccinating well is to do it *copiously* as regards the amount of lymph employed; the best vaccinators that we see bathe their lancets freely in lymph before using them, and repeat the bathing process in the course of the operation. Secondly, that the more numerous the vesicles, the more perfect is the protection of the patient. But that, thirdly, no primary vaccination should be relied on in epidemic times for persons above the age of puberty. The larger our experience, the more does it point to the importance of revaccination. A case has been reported to us in the course of our recent investigations, in which small-pox occurred to the mother of an unvaccinated baby. The baby was quickly vaccinated, and escaped. All the adults in the house submitted to revaccination but the sister, who refused; she alone took the disease, and she died. Small-pox was introduced into St. George's Hospital, and continued to spread until all the patients were revaccinated. After the complete revaccination of the patients no fresh cases occurred. If a little of the money that has been spent in procuring distant and incomplete hospital accommodation had been spent in spreading vaccination and revaccination during the last few weeks, there is little doubt that the disease would have been much more effectually arrested. Practitioners during the present epidemic are impressed with the degree to which revaccination takes. In many cases the vesicles seem to be as perfect as in primary vaccination. The great secret of successful revaccination, as of vaccination, is the insertion of fresh lymph and plenty of it. Let us have a

complete end of poor, scanty, dry vaccination, whether primary or otherwise.

But the epidemic has lessons for those who make and administer the laws pertaining to the health of the people. We say no more at present respecting the plan of the Privy Council for having very few public vaccinators. It is seriously doubtful whether this principle has not been carried too far, at least in London. But we shall revert to this subject when we have ampler material for a judgment. Two lessons stand out for notice here. First, that guardians make very bad administrators of sanitary law; and secondly, that this sanitary law is far too easy and permissive in its character to be effective. It is not reasonable to expect that guardians should make good sanitary authorities. Their excessive care about the expenditure of small sums, and their exhausting work in connexion with pauperism, unfit them for the thorough and active administration of such a measure as the Vaccination Act. We want some local authority as special in its function as the Education Board. Then the permissive principle has completely broken down, and must be superseded by the compulsory. Local sanitary authorities must be made responsible for the care and isolation of the sick, and for taking promptly all necessary measures to this end. The transport of the infectious sick all over London and back again is a disgrace to the present state of the law, which does not require local authorities to take local steps to confine disease.

THE communication from Dr. CLIFFORD ALLBUTT, which we print in another part of the present number, can scarcely fail to arrest the attention of many members of the profession. Dr. CLIFFORD ALLBUTT is in many respects a representative man, and the opinions that he expresses about universities and corporations will be in entire accord with those of many who read them. His conclusions, however, give to us a sort of challenge to justify some of the provisions of our Bill, or, at all events, to explain why they have been inserted.

We may begin by the admission that we cordially assent to Dr. ALLBUTT's principle of government by the many. We should have liked to establish a Council entirely representative of the profession, but we felt that to do so would be to propose what could never be carried through the House of Commons.

In the first place, it must be borne in mind that the functions of the Medical Council are to make laws in restraint of the liberty of the subject. The Council will prescribe the terms and conditions on which alone men will be permitted to practise medicine; and Parliament would not give this power into the hands of the profession without some check upon its exercise. Constitutional precedent will probably require that this check should be in the hands of the Home Secretary, subject of course to his responsibility to the House of Commons. It is easy to conceive that some Home Secretaries might take perverse pleasure in thwarting or impeding the Council if it were purely representative in its character. But, if one-third of its members are nominated by the Crown, the Government can hardly fail to entertain a corresponding respect for its decisions. The Crown has already exercised a similar power of nomination, and would probably be unwilling to abandon it. If ministers, out of their spontaneous grace, were to offer to accept a smaller Crown element in the Council, we should thankfully accept the boon of a proportionately increased direct representation. Furthermore, we must remind Dr. ALLBUTT that the Crown has hitherto sent to the Council some of its most valuable elements.

With regard to the corporations, we should disfranchise them with entire complacency, and we may even state that the first draft of our Bill omitted them entirely, and provided for a representation of medical teachers. But we were forced to consider that the Imperial Parliament would not punish (as it would seem) bodies having prescriptive rights and much *prestige*—bodies that have come to be erroneously regarded by the public as if in some sort they were natural representatives of the profession. We considered the their exclusion from the Council to be hopeless, and we had to consider in what way their presence could be rendered innocuous.

Now we believe the mischief done by corporations in the present Council has been mainly due to their individual representation. Each College has sent a delegate, who felt bound to oppose everything, however much for the general good, that could tend to diminish the status or income of the particular body from which he came; and hence the past dead-lock has been produced. But the corporations are rivals—competitors; and their individual interests are conflicting. It follows that representatives sent by the corporations—not by any single one—cannot represent those individual interests, and will be charged only with general duties on behalf of their constituents. It would be the business of such representatives to point out how this or that proposed change would affect this or that corporate body; but it would cease to be obligatory to nail to the mast of no progress the flag of any single College of Surgeons or Physicians. Relieved from their present irksome and undignified position, the representatives of the corporations would become, we hope and believe, the supporters of some of the highest interests of the profession.

Inquiries have been addressed to us as to the way in which the representatives of the corporations should be elected. The question is one of detail, to which this week we cannot give sufficient space; but we will at an early period devote an article to its full elucidation.

A POWERFUL and, on the whole, very truthful article has appeared under the title of "Drawing-room Alcoholisation" in the *Saturday Review*; and we sincerely hope that it may prove effectual in its avowed purpose of startling the consciences of that far too numerous class of ladies, in both the middle and upper ranks, who habitually take alcohol in dangerous quantities. It may be that the description is a trifle over-coloured, but it cannot be said to be more than slightly, and very pardonably, exaggerated. Two qualifications of our contemporary's picture of ladylike tippling habits are certainly needed. The apparent increase of the vice is not entirely a real increase; improved medical knowledge of the symptoms of chronic alcoholism having led to the detection of a great many cases of secret drinking which formerly would never have

been suspected. And it is a great mistake to believe that the careless prescription of stimulants by doctors is so often the origin of drinking habits in women as might be gathered from the statements of such patients themselves. Women who drink to excess nearly always become liars; and one of their favourite lies is the statement that they first commenced to take large quantities of brandy "by the doctor's orders."

With these abatements, however, we must with sorrow admit both the increasing prevalence of intemperance among educated women, and the partial failure of medical men to see and act up to their duty in this matter. We are well aware of the difficulties that surround the medical attendants of ladies. It is very hard for a doctor, especially in a first attendance, so to estimate a woman's character as to feel sure whether she belongs to the select few who may be trusted to understand a direction and obey it literally, or to the much larger class of females who will always interpret doctors' (or any other) orders in their own fashion. It is very often hard for him to guess even whether her real leanings are towards asceticism or towards the opposite extreme of sensual indulgence; nay more, he cannot but remember that his patient *may* belong to that section of society that

> "Compounds for sins it is inclined to
> By damning those it has no mind to";

and that a severely virtuous tone of external life and conversation is not by any means absolutely inconsistent with the maintenance of a private brandy-bottle. The effect, however, of all this uncertainty upon the mind of a careful practitioner should be to make him adopt certain absolute rules of precaution. He ought always to remember that women are especially sensitive, particularly during all that portion of their life which corresponds to the activity of the sexual functions, to the temporary delights of narcotic stupefaction. Hence, if he prescribes alcohol for them at all, it should not be for trivial ailments and miseries which are likely to recur frequently, and for which the patient will probably be only too ready, on a future occasion, to apply the agreeable remedy that was found to be efficacious before, without summoning the doctor. For women are very apt to think that they cannot have too much of a good thing; and, instead of taking the moderate dose which might relieve pain without narcotising at all, they are extremely likely to take a dose which narcotises—in plain English, makes them slightly drunk. Now the sensation of slight drunkenness, replacing acute pain or mental misery, is—there is no good in disguising the fact—exceedingly grateful to tired and suffering women, and by swift degrees they come to seek with increasing avidity for this kind of oblivion. Again, it is usually dangerous to encourage or even allow women to take alcohol except with their meals—that is to say, except under the notice of other persons; unless for serious acute illness, this ought never to be permitted. The occasional glass of sherry or tablespoonful of brandy for mere chronic invalids or "nervous" subjects is a fatal institution. But there is one point on which the writer in the *Saturday Review* dwells that is of even greater consequence than anything which we have mentioned. There is growing up in too many families a hateful practice of allowing young girls between the ages of fifteen and twenty to take a considerable and even a large allowance of wine, on account of supposed "delicacy." The practice is utterly unjustified by any physiological need (in the absence of positive and very special disease); and the results, we believe, are most disastrous. It is scarcely possible to doubt that the pursuance of such a system greatly aggravates the predominance of passionate emotions, so easily roused into mischievous activity at this critical period in the development not only of the body but of the mind. A worse preparation for the serious duties of after-life could hardly be imagined; for the direct mischief that it causes is unfortunately attended by indirect evils—in the weakening of will and the moral sense—that are sufficient to spoil the best and brightest types of feminine character; while upon naturally feeble characters they work with the destructive energy of a deadly poison.

In short, we trust that every member of our profession will learn to keep incessantly before his mind the fact that average women are always, but especially at critical times in their organic development, of weak, unstable nervous system, and ill able to withstand the evil effects of an accidental narcotic poisoning. The brain of women is terribly impressionable, and has a fatal *organic memory* (to use a phrase of Dr. MAUDSLEY's) for the pleasing pain of narcotism. There is special need in their case for the limitation, by strict rules, of the *dietetic* use of alcohol, and for absolutely forbidding its employment as a domestic *medicine* without the express sanction of a medical man; and we hope shortly to see the day when every family doctor will have the sense and courage to say this plainly to the "house-mother" in every family for whose health he is supposed to be responsible.

DR. SPENCER COBBOLD is an acknowledged master in the science of Helminthology, and as long as he speaks in that capacity we sit most humbly at his feet. But when he sets himself up for an oracle on sewage irrigation we have a fair right to examine the facts upon which his reasoning is based, and to express our opinions with an authority at least equal to his own. We are, therefore, ready to admit that Dr. COBBOLD's history of tapeworm is in the main correct. Briefly, we have no reason to doubt that the ova are discharged in human excrement; that they occasionally, by some means or other, get into the flesh of cows, calves, oxen, and pigs; that when they do so they appear as "measles"; and that when such flesh is taken in an uncooked form by man, tapeworm is again produced. But whilst this may be true, it by no means follows that butcher's meat is ordinarily "measled," or that a larger proportion of "diseased meat" is produced on sewage than on other farms. Dr. COBBOLD begs the whole question. He says that hundreds, not to say thousands, of animals in this country are thoroughly well measled; and he taunts butchers, fleshers, and professors of veterinary pathology with inability to discover the fact. But Dr. COBBOLD has not helped us yet to enlighten them. For years past he has been engaged in search of parasites. No part of the animal kingdom has escaped his observation; no organ of their bodies has he left unexplored. He tells us that cattle fed

on sewage fodder die of parasitic disease by wholesale; and yet we are compelled to retort that Dr. COBBOLD has hitherto failed to produce a single specimen of beef or mutton measles which he had not himself artificially produced, and the history of which was not confined to his own experiments at the Veterinary College. We protest most strongly against the promulgation of such alarming statements without a particle of proof. Without denying the fact that beef and mutton may become the nidus of the tapeworm larva, we feel it our duty to relieve the public mind of the alarm which these statements may occasion. Our conviction is that the butchers, fleshers, and professors of veterinary art are practically right in refusing to adopt the opinion of Dr. COBBOLD that measled beef or mutton is produced to any great extent, or that there is any necessity for the public to adopt a vegetable diet to avoid tapeworm.

But it is not only on the main question that Dr. COBBOLD flounders in the mire. He is an advocate of the A. B. C. process, and talks of the dry-earth system as though it were absolutely safe. It is sewage irrigation only that he so emphatically condemns. Why this distinction? Let the problem be stated in a proper form. Human excreta have to be got rid of in some way. They contain fertilising agents of the highest value, which no nation can afford to throw away. Granting that they occasionally contain the ova of tapeworm, is that any reason for wasting them? Certainly not. The excreta, therefore, have to be transferred to the soil; and the question is, will that transfer be less safe under a system of water carriage than under the older and more direct method of spreading them on the surface of the ground. In determining this question we cannot lose sight of the fact that, whether we wish it or not, water carriage in many of our larger towns is an accomplished fact. Upon what evidence, then, does Dr. COBBOLD state that one system is safe and the other dangerous? None whatever. There is not a single fact brought forward to show that the A. B. C. process is capable of destroying parasitic ova, or that they perish when covered up in earth. On the latter point all the analogies and facts are as yet against the inference. Parasitic diseases existed long before waterclosets and sewers. It is well known that the ova can be dried without destroying their vitality; but there is no evidence to show that they are able to exist in sewage, or to resist the conditions of sewage transit. The more perfect the preservative action of the earth-closet the more sure is the transmission of living ova to the land; whilst it seems to us at least as probable that the ova will survive the muck heap as that they will fail to be destroyed by the sewer. Does Dr. COBBOLD mean to say seriously that it is less dangerous to spread a field with manure than to irrigate it two or three times a year with sewage? In the one case the matter remains upon the surface, and adheres to the blades of grass; in the other, when properly administered, it at once sinks into the ground. In the one instance the grazing cattle cannot fail to eat it; in the other, it is beyond their reach. Dr. COBBOLD has not adduced a particle of evidence to prove that the system of sewage irrigation is *more* likely to extend the spread of entozoötic disease than is that of putting manure directly on the land; whilst, on the other side, we have the evidence of Professor CHRISTISON that he had never been able to refer a single case of parasitic disease to the sewage irrigation, so badly carried out at Edinburgh.

On one point we may avail ourselves of Dr. COBBOLD's observations. He tells us that the ova are destroyed by a continued moist temperature of 175° F.; and as it is hopeless to suppose that farmers will ever cease to use manure containing ova, it is desirable that the public should know that an effectual precaution is always within reach—viz., to cook food sufficiently.

In making the foregoing remarks, however, we have no wish to regard the question of parasitic propagation as completely settled. We look upon the economical utilisation of human excreta as one of the most important problems of the day. It lies at the foundation of national prosperity; and it behoves us to take every precaution to reduce to a minimum the evils which are inseparably attached to it. It is therefore the duty of the Government to have the whole subject thoroughly investigated; and although Dr. COBBOLD has so far exceeded the bounds of scientific caution as to come to conclusions without proof, we cannot doubt that he would be able to render valuable assistance whenever questions relating to the natural history of parasites present themselves to the commission we propose.

Medical Annotations.

"Ne quid nimis."

SMALL-POX IN ST. GEORGE'S HOSPITAL.

THE outbreak of small-pox at St. George's Hospital illustrates very forcibly the advantages of the pavilion system of construction and the paramount importance of immediate revaccination. The disease broke out on December 14th in a woman who had been out to see her friends. She was at once removed to the separate apartment in the basement, together with the bed, bedding, and everything belonging to her, and on the next day she was taken to the Small-pox Hospital. For a fortnight there was no other case, when it again broke out in another ward. Twelve cases occurred between the 4th and 7th of January, all of which have been treated in the convalescent wards at the top of the building. Altogether there have been twenty cases and three deaths. Not until January 8th were any very active measures taken to revaccinate the inmates. But with the assistance of the Privy Council and Dr. Webb, the public vaccinator, the whole of the inmates were revaccinated on the 9th ult. There have since been five fresh cases, all of which showed symptoms of disease before the vaccination had been performed. There have been no fresh cases during the last fortnight. Cases have occurred in twelve out of the twenty-one wards in the older part of the hospital. In the new wards there has been no case.

St. George's Hospital occupies a splendid site, but the construction is extremely faulty. The staircases and corridors are huge reservoirs of air, which, if infected from any cause whatever, is diffused to every ward. There is in these staircases a strong upward draught, by which air is drawn up from the basement, and the surgical wards and other rooms on the ground floor, and, after being mixed with that in the corridors, passes into all the wards above. It is impossible to conceive a more effectual method of diffusing infection, as the present epidemic shows.

The matter is of great importance, since it is certain that

the same arrangement secures the diffusion of noxious influences which are less easily traced than the contagion of small-pox. Surely some directions might be given to separate the wards more perfectly, and to secure for them independent ventilation. In many respects the arrangements of St. George's Hospital do not compare advantageously with a modern workhouse hospital, and we would recommend that the whole subject be remitted to competent advisers for report.

RARITY OF THE HEALING OF GUNSHOT WOUNDS.

AN interesting paper, with this title, appears in a late number of the *Wiener Medizinischer Wochenschrift*, from the pen of Professor Billroth. He refers to various cases in civil practice in which fragments of iron, chipped off by hammers or chisels, penetrated the skin, and caused little irritation of the parts, healing rapidly occurring when they were removed; but his experience of the present war has proved to him that modern bullets, &c., are by no means such unexciting guests. "Sooner or later in almost every instance," he says, "they excite suppuration, and it is rare to meet with a case which heals without pain and the discharge of pus." And he proceeds to explain the reason of this. Most of the projectiles he has extracted have their form changed, so that they appear as amorphous and often sharp-angled masses, and these sharp angles undoubtedly cause great irritation. When such a body is present, and yet cannot be found, repeated incisions with the object of letting out pus are insufficient to arrest the progress of the inflammation, though this is immediately produced by the removal of the foreign body. Fragments of granite act exactly in a similar manner to these irregular pieces of metal. Elongated bullets in particular become multangular when they strike against a bone, either simply breaking or comminuting it. The coincident injury of the periosteum with that of the bone is of the greatest importance in the production of the inflammatory process. Acute osteo-myelitis and periostitis have cell-proliferation so constantly as their result that to these, as much as to the angular missile, the suppuration must be attributed. Even quite unaltered projectiles have usually a pyogenic action, pus appearing two, four, or even six weeks after the receipt of the injury, especially when they lodge in the head of the humerus, tibia, or femur; healing is here very rare, the bony tissue being more or less broken down, and suppuration, osteitis, periostitis, and inflammation of the joint occurring sometimes at a very late period, and quite unexpectedly. If, however, the ball can be extracted without damaging or opening the joint, the result is often very speedy and successful. He records two cases in which perfectly smooth and unaltered projectiles occasioned violent suppuration. In all cases, then, he recommends that bullets and other projectiles should be removed as soon as practicable with long clawed forceps. In the several cavities, however, and in the region of the neck, groping after a ball should be carefully avoided. Nélaton's sound appears to be useful, but the bulb should not be larger than a good-sized pea.

A CASE OF OPIUM-POISONING.

OUR attention has been called to a melancholy instance of death from opium-poisoning under very peculiar circumstances. The unfortunate sufferer was the wife of Dr. Masson, who appears to have lately settled at Mitcheldean, since his name does not appear in the "Medical Directory" for this year. The lady in question, who was twenty-five years of age, seems to have been in the habit of taking laudanum for neuralgia, under which she suffered, and on Friday, January 13th, she appears to have taken from one to two drachms at least out of a bottle in her husband's surgery. Dr. Masson seems to have been aware that his wife had taken an over-dose, and told her so; but she declared she had not done so. However, he prepared an emetic which she refused to take, and she showed no symptoms of poisoning for at least three-quarters of an hour. At the end of that time Dr. Masson fetched a Mr. Coleman, whose advice was that the patient should take some hot brandy-and-water. Within five minutes of taking this, Mrs. Masson fell back in a comatose state, and in this condition she was allowed to remain from four o'clock on Friday night till nine o'clock on Sunday morning, when she died, without any treatment beyond the application of sinapisms to the neck and calves.

Dr. Masson having done what anyone else under the circumstances would have done—viz., called in the nearest medical practitioner, we do not propose to regard him in any other light than as a much-to-be-pitied private individual. But the case of Mr. Coleman is widely different. Mr. Henry Edward Coleman, when sworn, said:—"I am not a registered medical practitioner, but a general practitioner"; and as his name does not appear in the Medical Directory, we have no means of knowing his qualifications. Mr. Coleman said that he found the patient perfectly sensible, but looking sleepy, that she refused the emetic, and that he then suggested brandy-and-water to "rouse up the nervous system." He was also of opinion "that the emetic or stomach-pump was useless when he arrived at the house, and that the patient's life could not have been saved." He also "thought the emetic would be of no use if taken at the end of an hour." It is consolatory to find that Mr. Coleman allows that he "has had no experience in cases of poison," and this may account for his not being "aware whether, if once in a comatose state, a patient may be recovered."

Such a grossly mismanaged case is hardly conceivable in the present day. To give a patient known to have taken a poisonous dose of laudanum hot brandy-and-water, so as to hasten the absorption of the poison, is bad enough; but to leave a patient in a comatose state, without employing the stomach-pump to evacuate the stomach, and without any of the recognised modes of treatment being employed, shows an incompetency little short of culpable.

THE PUBLIC HEALTH IN 1870.

THE Registrar-General's Quarterly Return just issued contains a brief review of the registration returns for 1870, from which we gather that both birth and death rates were above the average, the deaths being relatively more numerous than in seven of the previous ten years, the exceptions being 1864, 1865, and 1866. It is now possible to get approximatively at the number of deaths in the year from the principal zymotic diseases without waiting until sufficient time has elapsed for the publication of the Registrar-General's annual report, usually from a year to a year and a half after date. With the beginning of 1870 the local registrars were required to return every quarter the number of deaths registered by them from seven of the most fatal zymotics, and hence it is that, while we can learn quite near enough for practical use how many deaths occurred in 1870 from scarlet fever—the epidemic of the year—we must wait some months yet before the number of fatal cases in 1869 can be ascertained. Altogether there were nearly 32,000 deaths by scarlet fever last year in England, and the magnitude of the epidemic is apparent from the fact that the total mortality of the great epidemic year, 1863, was 30,475; taking increase of population into

account, the relative mortality of the two periods differs but little. Measles, whooping-cough, fever, and diarrhœa had less than their average fatality last year; the same may be said of small-pox, taking the whole year's results in the gross; but there was an increase of the fatal cases from 405 in the first quarter to 1229 in the last quarter of the year. Half the deaths from small-pox occurred among the one-third of the whole population inhabiting seventeen of our largest cities or towns.

SMALL-POX AFLOAT.

WE predicted in 1866, at the time of the last epidemic of cholera, that the next outbreak of any contagious or infectious disease would find the port of London totally unprotected by any sanitary machinery. And so it is. Last week the master of a vessel applied for advice at the Seamen's Hospital, suffering from small-pox. He was living on board his ship, then lying at moorings close to the Tunnel pier, and could not be dissuaded from starting for Shields at once, although he was told that, by the time he reached that port, his crew would probably be "down" with the disease, and as probably assist to propagate it when they went on shore. This man had been living on his vessel in the Thames for a fortnight, and had been ill for four or five days before applying for relief. If this vessel has a foul wind, all her crew may be helpless from small-pox before they reach their destination, and so she may help to swell the number of wrecks for which our eastern coasts are so unhappily celebrated. It is most probable that this case would have been discovered and these contingencies avoided, if a medical officer of health for the port had existed. Dr. Letheby causes the city strip of the river to be supervised, but his work is piecemeal, and, as he acknowledges, wellnigh useless. It is manifestly the duty of the Home Office or the Board of Trade to compel the Thames Conservators to take the sanitary as well as the general administration of the river into their own hands, and thus get rid of one among the many gross absurdities of local self-government.

ANATOMICO-ANTHROPOLOGICAL OBSERVATIONS ON THE BODY OF A NEGRO.

UNDER this heading a paper appears in the January number of the *Journal of Anthropology*, by Dr. Kopernicki, of Cracow, giving the results of a very careful and complete investigation of the body of a fine robust negro, aged thirty-five years, probably born at Darfour or Kordofan. Passing over the notes of the skin, hair, and muscles, we find that the weight of the brain, deprived of the membranes, was 955 grammes, of which 480 grammes belonged to the right hemisphere, and 475 to the left. The cerebellum, with the annular protuberance and the medulla oblongata, not deprived of its membranes, weighed 150 grammes. The entire encephalon weighed 1105 grammes (equal to 39 ounces avoirdupois, a very low weight). Careful comparative measurements which are given of numerous nerves with those of a Valaque prove the truth of Soemmerring's statement, that the nerves of negroes are *larger* than those of whites relatively to the mass of the brain. The larynx was relatively larger, the penis of extraordinary volume. A point which is still very unsettled in the anatomy of negroes is here noticed—namely, the colour of cicatrices. Camper, Bichat, and Cruveilhier, maintained that cicatrices are always white, whatsoever the colour of the skin may be. On the other hand, Cooper, Hunter, Virey, and others affirm that cicatrices have the same colour as the skin, and even that they become deeper in colour. The examination of this particular negro appears to furnish unequivocal proof that the latter statement is correct, and that cicatrices amongst negroes become as deeply coloured as their skin, and this independently of the influence of media.

TESTIMONIALS.

WE have received from Mr. Jabez Hogg a letter on the subject of the testimonials sent out by the candidates for the offices of Assistant-Physician and Assistant-Surgeon to the Charing-cross Hospital, of which Mr. Hogg is, it seems, a governor. Mr. Hogg refers to, and characterises as "very warm and injurious objections," the remarks which we lately made upon the pamphlet of testimonials issued by himself. He calls our attention to the packet that accompanies his letter; and inquires in what other way gentlemen can make their qualifications known to the lay governors of a hospital. We therefore proceed to the examination of the papers which Mr. Hogg presents to our notice; and we find among them documents from three candidates for the office of assistant-physician, and from five candidates for the office of assistant-surgeon.

Among the candidates for the office of assistant-physician there is one who only prints three testimonials. The others each print a considerable number, not, indeed, forming a pamphlet like Mr. Jabez Hogg's own, but still covering a sheet of paper. We do not think that a testimonial from Dr. A, saying that one candidate is able, talented, and conscientious, would help the lay governor, who is also informed by Dr. B, that another candidate is conscientious, talented, and able. There is no common measure for these documents, no possible standard of value with which they can be compared. But confusion becomes worse confounded when two candidates both present testimonials from Sir William Jenner, who says of—

Candidate X.

Dr. —— has been known to me for several years as a most highly informed, able, and practical physician.

Dr. —— is very kind in manner to the sick poor, and I believe him to be most conscientious in the discharge of all the duties he undertakes.

Dr. —— would be a valuable addition to the staff of any large medical charity, hospital, or dispensary.

Candidate Y.

Dr. —— is well known to me from his having formerly been a very distinguished student of medicine at University College, and subsequently my assistant-physician at University College Hospital. After leaving the college and hospital Dr. —— continued the practical and scientific study of his profession at the Hospital for Sick Children, &c.

From my personal observation of Dr. ——, his career, acquirements, and writings, I feel satisfied that he is qualified in the highest degree for the post of assistant-physician to a London hospital.

To make the picture complete, and to show the bewilderment of the lay governor more effectually, we need only say that neither of the above testimonials was given with any reference to the contest in which it is now employed.

Among the five candidates for the office of assistant-surgeon, we find two who have had sufficient self-respect not to publish testimonials at all, but to base their applications simply upon the offices they have already filled, and the work they have already done. To these gentlemen we offer our cordial congratulations; and we predict for each of them a career in harmony with the sense he has shown of the dignity of a learned profession. The remaining three have fallen into the old evil groove. All three print testimonials from Sir W. Fergusson, and from Mr. Partridge. Two have each of them testimonials from Dr. Jelf, Dr. George Johnson, Mr. John Wood, Mr. Bowman,

and Mr. Henry Lee. One candidate prints twelve testimonials, another seven, and the third six. We see no resource for a lay governor but to cancel altogether the names we have mentioned, and to decide in accordance with the testimonials that remain. We are greatly indebted to Mr. Jabez Hogg for furnishing us with this *reductio ad absurdum*; and if he will also tell us in what way the testimonials will help the lay governors, or what purpose they fulfil other than that of very undesirable advertisements, we shall be indebted to him in a still larger measure.

SMALL-POX IN LONDON.

THERE were 157 deaths from small-pox registered in London last week, or less by 31 than in the week preceding. The disease continues as fatal as ever in the east districts, and is increasing in the districts south of the Thames. The Registrar-General wishes to distinguish in his returns the number of deaths occurring among vaccinated and unvaccinated persons; but the large proportion of cases in which the medical certificates do not specify whether vaccination has or has not taken place has hitherto prevented him from doing so. He has therefore issued a circular to the registrars, instructing them to obtain, if possible, the necessary information from death informants, where the medical certificate does not give it. The matter is one of great public importance, and we would urge upon medical men in all fatal cases of small-pox coming under their charge, to take a little extra trouble, if necessary, in order to satisfy themselves whether the deceased had been vaccinated or not, and to state the fact on their certificates. We doubt if ordinary death informants will be able to help the registrars much in an inquiry of this kind. It would be premature to attach much importance to the registration of fewer deaths than in the previous week. The number of cases reported to the Poor-law Board increases still week by week. It is most unfortunate that we have not a registration of sickness as well as of deaths.

THE SANITARY CONDITION OF MERCHANT SEAMEN.

AMONG the many members whose "out-of-town" lucubrations have been particularly laborious or specially voluminous, Mr. S. Plimsoll, member for Derby, occupies a conspicuous place. He has been occupied for two or three days lately in descanting to the people of Manchester upon the condition of our merchant seamen, and the unseaworthiness of ships, intending to take legislative action on the subject during next session, and having we suppose as his object in this instance, to arouse the enthusiasm of inland as well as waterside constituencies. It appears, from the report given in the *Sheffield Daily Telegraph*, that he succeeded in this endeavour passing well, though, to quote the words of the honourable member, he "might not be able to talk to them like John Bright." Mr. Plimsoll, however, omitted several important points in connexion with his subject, so that, on the eve of a new session, we take leave to remind him and those interested in the question, of the sanitary enactments that exist, and those that are required to be made, to ensure the safety of our ships at sea, and of the crews that man them.

Since the year 1865 reports well authenticated, and facts fully proved, have gone to show that sailors were frequent victims of scurvy in our sea-going, and of fever in our coasting vessels, and that unhealthy men signed articles, went to sea, and—to quote from the "Ship-Captains' Medical Guide"—"laid up for days, weeks, and months, gave thereby additional labour to the rest of the watch, and eventually took money from the owners that they had in nowise earned." It was also shown that the diet commonly given to sailors was provocative of scurvy, absurdly monotonous, and quite as costly as a varied scale of rations; and lastly, overwhelming evidence was recorded, setting forth that the lime- and lemon-juice furnished to the crews of ships was in most cases useless, and in many cases utterly and entirely worthless. Urged on by countless representations, public, private, and journalistic, the Board of Trade determined, in 1867, to bring in a small Bill to remedy some of these evils, and, accordingly, the Merchant Shipping Bill was introduced into the House of Lords, and became law under the conduct of the Duke of Richmond.

It is unnecessary in this place to recapitulate the objects of this Act, because they have been exhaustively set forth many times in these columns. It suffices to say that the clauses relating to lime- and lemon-juice have worked well, and that scurvy has diminished. But no improvement has taken place as to the kind of diet given to our seamen, and no sort of care is taken that healthy hands are shipped. It is notorious that British vessels go to sea considerably undermanned. It is equally notorious, according to Mr. Plimsoll, that they go to sea in an unseaworthy state. It is therefore our duty to point out to this gentleman that, in endeavouring to improve the condition of the mercantile marine of this country, it is necessary, as we have continually and persistently maintained, to inspect and survey the vital material carried, fully as much as the hull, spars, and gear that constitute the ship. Healthy crews, and proper scales of diet for these crews, are two necessities of nautical success, and two very important items in computing the safety of ships at sea.

DECAPITATION BY HANGING.

AT a meeting of the Surgical Society of Ireland held on the 20th ult., Mr. Humphrey Minchin, surgeon to the Dublin city prisons, exhibited several cervical vertebræ belonging to a man executed for murder some months since in Dublin, and whose head during the execution was wrenched off. On examination there was not found any dislocation, the atlas was intact, but the axis was fractured. A peculiar point in this remarkable case was that the neck was severed below where the injury to the axis had occurred. The quantity of blood which flowed from the head after the execution was twice as much as that obtained from the trunk, which may be explained by the unskilful manner in which the executioner performed his duty—tying the noose round the unfortunate man's neck so tightly as to cause great congestion in the cerebral vessels. The carotid arteries, it may be mentioned, beat for fully five minutes after death, ejecting at stated intervals a jet of blood. This peculiar termination of the case caused such excitement in Dublin that it was investigated, by order of the Lord Lieutenant, by Drs. Lentaigne and Hatchell, who attributed it, not to the fall of fourteen feet, but to the badness of the rope, which was incapable of resiliency.

A COTTAGE HOSPITAL FOR SWINDON.

FOLLOWING in the wake of its near Gloucestershire neighbour, Cirencester, a proposal to establish a cottage hospital has just been discussed at a public meeting in Swindon, but with a different result, as the inhabitants of the latter town have affirmed the desirability of such an institution, and have appointed a committee to take the necessary steps for raising the funds, and the like. Our remarks of last week relative to Cirencester apply with equal force to Swindon. Only one of the Swindon practitioners attended the meeting, and he holds the post of medical officer of health to the local board; the others seem to have been invited to co-

operate, but gave no sign of their willingness to do so. Much, therefore, as a cottage hospital may be necessary—seeing that at present the nearest available hospital or infirmary to which a patient from Swindon could be sent is as far away as Bath,—we should regret to see one established there unless some means can be taken to ensure the co-operation of all the town practitioners on strictly equal terms. We are glad to observe that the importance of this consideration was fully recognised at the meeting; and as at Fairford and other places cottage hospitals are conducted satisfactorily to all the practitioners whose interests are concerned, so, we hope, may be the case at Swindon, should the project now on foot be carried out. Either let each medical man retain the charge of any patient of his who may have need to go into the hospital, or else provide that each one shall take his turn in principal charge of the hospital for a year, the rotation being strictly observed, and no extension of term allowed on any consideration. Swindon appears by the Registrar-General's Quarterly Return to have been excessively unhealthy of late; and Dr. Morris, the health officer to the Old Town local board, reported at the beginning of last December that the mortality during the preceding two months had been at the annual rate of 46 per 1000. With its fine natural position and other advantages, the Old Town of Swindon ought to be one of the healthiest places in the kingdom, yet the death-rate just mentioned is far higher than that of our most densely peopled manufacturing towns.

THE UNITED SERVICE MEDICAL SCHOOL.

WE have every reason to believe that a proposal which appeared some time ago in this journal as to the advisability of establishing a medical school for the medical service of the navy, in conjunction with that already existing for the army, will be carried into effect. There is little doubt, moreover, that the authorities, not feeling justified in incurring the great expense that would attend the establishment of separate schools for the two services, will utilise the Netley institution for the purpose. Some slight modifications or additions to the present course of study could easily be effected, so as to adapt it to the requirements of the naval medical service. An appointment might be made in the school for an officer of the naval medical service—for such a man as Dr. Macdonald, F.R.S., for example.

DOES REVACCINATION REQUIRE REPETITION?

A CORRESPONDENT asks us if the operation of revaccination is repeated on the nurses of the Small-pox Hospital. The following are Mr. Marson's words in his article on Small-pox in "Reynolds's System of Medicine":—"For just upon thirty years we have revaccinated all the nurses and servants, who had not had small-pox, on their coming to live at the Small-pox Hospital, and not one of them has contracted small-pox during their stay there." We have Mr. Marson's more recent authority for saying that this remarkable immunity of the nurses continues. Doubtless it is due not alone to the fact that they are revaccinated, but revaccinated by Mr. Marson. All people cannot be revaccinated by Mr. Marson, but they can be revaccinated carefully and upon scientific principles—that is to say, with moist lymph, and plenty of it, in four places. We are inclined to doubt even Dr. Seaton's statement on this subject, that even careful revaccination will fail in probably a half or one-third of the cases; at least, at the present time good revaccinations are far more frequently successful than this estimate would imply, and some of them take quite in infantile fashion.

There is reason to think that vaccination needs not to be repeated more than once. But it should be well done. Nobody should consider that he has been revaccinated satisfactorily who has been revaccinated only with dry points, without results, as seems to be the case with a large number of the people who say they have been revaccinated and "did not take." Wherever there is any special prevalence of the disease, and any doubt as to the efficiency of the revaccination, there is nothing but wisdom in the repetition of the operation. But if revaccination has once been successfully practised in grown-up people, it need not be repeated.

"DEAD DRUNK."

WE have received a report of an inquest that has been held at Halifax, N.S., on the body of Lawrence Burns, late a private in the 61st Regiment. It appeared that deceased was found "dead drunk," and was placed in a cell at 10 P.M. The guard in charge looked into this cell two or three times in the course of the night; but made the first real examination of the prisoner at 5 A.M., when he was found to be cold and stiff, having manifestly been dead for some hours. The jury returned the following verdict:—"Death was caused by the combined effect of alcoholism and asphyxia; and, while the jury can attribute no blame to anyone, they believe that a helpless insensible man should not be carried by the police authorities with his face downwards, as a mutinous man is carried, and that he should receive careful attention from time to time from those who are in charge of the men in the prisoners' cell. The coroner's jury desire to make public the following statement: A man who is helplessly drunk, or what is called 'dead drunk,' is in the condition known to medical men as comatose, has his brain and nervous system blunted, and is unable to feel an injury, or to be conscious of its effects. A man in such a condition is liable to die from many causes that would not have the slightest injurious effects in a state of sensibility, such as the simple act of vomiting; lying partly on his face, so as to cause a slight obstruction to breathing; lying in a constrained position, with his head bent very much forwards or backwards; a small amount of cold or wet;—any of these causes may produce death in such a state. It therefore becomes the duty of the military and civil authorities to issue such instructions to their police as would set forth in detail the proper management of persons who are helplessly drunk."

We congratulate the inhabitants of Halifax upon the intelligence of their jury; and trust that the sound advice given will be followed by the authorities. In England it too often happens that "dead drunk" means fatal coma from disease. It is quite manifest, however, that soldiers or police are in no case to be trusted with the charge of insensible people, and that for such medical advice should always be obtained. It is more than probable that the life of poor Lawrence Burns might have been saved; and, in these days of economy, we may be permitted to remind our rulers that a trained soldier is worth preserving at the cost of a doctor's fee.

"PASSING RICH ON FORTY POUNDS A YEAR."

OUR contemporary, the *Islington Gazette*, which sometimes ably supports the Poor-law doctors against the shabbiness of the guardians, has an unworthy defence of the fact that, while the guardians give a bandmaster £50 a year for teaching music to 250 or 300 boys, one day a week, and a chaplain £50 for attending twice a week, they only give the poor doctor £40 per annum for daily visits, dispensing, &c. The defence is as curious as it is unworthy. The *Islington Gazette* states that the said doctor has, by the grace of the guardians, two other appointments. No-

body said that he had not. There is no reason to think that he is any better paid for the two other appointments than for this. The *Gazette* seems to feel the weakness of the defence, for it adds that the doctor is only "young" in his profession. No old man could do such work for such pay. It needs young limbs to do the work. The doctor's age has nothing to do with the question, and is an altogether irrelevant matter. As for the statement that there are dozens of men "highly qualified" to be had for the sum, it is simply not true. But the *Gazette* has a nosology of the ailments of the boys; they have chilblains, sore-throats, cut fingers, ringworm, and other "easily treated ailments." Even these complaints require judgment and attention, and will not be "easily" cured without them. Of course the boys are never afflicted with scarlatina or with struma, which may be accounted for either because they are only pauper children, or because the guardians pay their doctor so well for looking after them.

THE PUBLIC SUPPLY OF VACCINE LYMPH.

WE venture respectfully to call upon the Medical Officer of the Privy Council to introduce a complete reform in the machinery for collecting, storing, and distributing vaccine lymph. The profession are now thoroughly convinced of the importance of revaccination, and there is a panic in the public mind which is reasonable in its character, and must in future be better satisfied. Hitherto the Privy Council have not attempted to do more than provide supplies of lymph for primary vaccination. Their stores are derived from a comparatively restricted area, and they are usually so small as to become exhausted at the very beginning of an epidemic. For some time past there has been great difficulty in obtaining lymph, and the supply at Richmond-terrace is exhausted as fast as it comes in. Experience has shown that lymph properly taken and preserved retains its properties uninjured for many years; and, if it were the duty of every public vaccinator to transmit a portion of lymph every week to the central depôt, not only would there be an additional means of estimating the value of the services rendered by the public vaccinators, but a supply would be accumulated during times of calm which would practically be inexhaustible when danger comes. In fact, the Privy Council ought to have no need to put any restriction whatever on the practice of revaccination, but, on the contrary, be ready to anticipate the proposal of making revaccination compulsory in infected districts.

MEDICAL EXAMINATION PAPERS.

THE case of attempted fraud as regards an examination paper of the Apothecaries' Society shows how careful all examining bodies should be in respect of their printing arrangements. The present is by no means a solitary attempt to procure a proof of an examination paper, and though fortunately most of these transactions come to grief, it is too much to suppose that *all* do; for, though the devil may not be so black as he is painted, it can hardly be but that some "printer's devil" may be occasionally found to show the cloven hoof. Under these circumstances it might be as well if all examining bodies were to follow the example of the University of London, and abjure typography for lithography, which latter can be conducted much more privately, and with fewer go-betweens. At the University the papers are not printed until the morning of examination, and then within the University premises; and as the stone to which the paper has been transferred can be readily kept under lock and key, it is hardly possible that even golden bribes can succeed in procuring an "early copy."

THE CLINICAL SOCIETY.

DR. GULL took the chair as President for the first time on the 27th ultimo, and a numerous body of members assembled to hear the address, which will be found in another part of our columns. The Clinical Society has hitherto been particularly happy in the choice of President. The address of Friday last was as brilliant of its kind as that delivered by Mr. Paget, when he first took the chair, and was received with as marked a show of pleasure and satisfaction. We commend the observations of Dr. Gull to the attention of the members, being confident that an adherence to the principles enunciated by him will greatly conduce to the success of the Society.

NAVAL MEDICAL SERVICE.

LETTERS expressive of discontent with respect to this service are sent to our office in a continuous and never-ending stream, and the subject has occupied our columns at sundry times, and in divers manners, now for many years. On this occasion we address our readers for the simple purpose of placing before them condensed particulars of two cases that have come under our notice. No. 1 is now a retired inspector-general. This officer entered the service in 1823, and served twenty-five years afloat, during which time he was on duty in the Pacific, Mediterranean, American, and African squadrons, and circumnavigated the globe no less than four times. He was awarded the Blane gold medal twenty-four years ago, and has received the official thanks of different Admiralties. He was on duty at the Melville Hospital for six, and at Haslar for eleven years, as principal medical officer, and has since done good service in the application of the Contagious Diseases Act. A few years ago the Admiralty ruled that all inspectors should be placed on the retired list at sixty-five years of age. They have still more recently decreed that the titles of honorary physician and surgeon to her Majesty shall be conferred on those only who are actually on the active list, so that the inspector in question, with some few others of his own standing, loses all hope of obtaining honours that were, when he entered the Navy, looked upon as some of the "blue ribbons" of the service. No. 2 is a surgeon, who joined the service in 1858, and was sent to Australia in medical charge of H.M.S. *Nelson* in August, 1867. Shortly after his arrival he was made acting surgeon of H.M.S. *Challenger*, but this appointment was afterwards cancelled by the Admiralty, although he had a seniority of eleven years. Indignant at this treatment, he applied for his discharge from the service. This was refused, and in November, 1869, he was passed over, and two assistant-surgeons, both junior to himself, were promoted. He was again omitted in a seniority promotion bearing date August, 1870, but has at last received his surgeoncy, the promotion to be antedated to August, 1870, instead of to November, 1869, so that nine months of seniority are lost to this officer. This is the sort of communications that very frequently reach us on this subject, and we place them before our readers unencumbered on this occasion with any comment.

A PROVIDENT DISPENSARY.

WE have received from Northampton a statement of the results of the working of the Provident Dispensary there during 1870. It appears that the working classes had contributed within the year the sum of £1881 9*s.* 4*d.* Of this, £386 19*s.* 4*d.* was required for drugs and other expenses, and the net residue, £1494 10*s.*, was divided among the three medical officers in proportion to the number of families that they had respectively attended. The work done is stated to have been very great. The patients had required up-

wards of 50,000 attendances, of which 17,000 had been at their own homes; and more than 62,000 prescriptions were made up at the dispensary. The number of cases attended is not recorded; but the remuneration must have been at the rate of rather more than a shilling for each visit to a patient, the visits of patients being left out of account. For the class of work done, when allowance is made for regularity of payment and exemption from bad debts, we think this is a very satisfactory result indeed, and one on which everybody concerned may be congratulated. We regret to see that the income is divided between only three medical practitioners; for we think that all such institutions should be thrown open to the profession, and, when fairly and well managed, should be generally supported by them.

KALI-KUTKI: A NEW TONIC.

MR. M. C. COOKE, in a late number of the *Pharmaceutical Journal*, gives a description and an account of the properties of this plant, which has long been considered to be the black hellebore, but which really belongs, not to the Ranunculaceæ, but to the Scrophulariaceæ. Though unknown in the English market, it is well known throughout India. The drug consists partly of the root and partly of the stem of the plant. The root part is very light and brittle, about the size of a goose-quill, brownish-white in colour externally, and deep black internally, with short waxy fracture. It is stated to be a very valuable tonic, Assistant-surgeon Moordeen Sheriff considering it equal to gentian and calumba, and superior to chirayta. As a dose, ten or twenty grains as a tonic, and from twenty to forty as an antiperiodic, are recommended.

A SIGNIFICANT FACT.

DURING these times of scepticism as to the protective virtue of vaccination, it may be of some interest to learn a little fact which has lately come to our knowledge, on the accuracy of which perfect reliance can be placed. A military surgeon, having recently had occasion to examine a large number of English recruits, found that 60 per cent. of lads unprotected by vaccination had been the subjects of small-pox, as against 1·90 per cent. of protected recruits who bore traces of small-pox. Remembering that these are men who have escaped any permanent damage from the disease, what must be the percentage of attacks in unprotected cases generally?

SMALL-POX AT CROYDON.

AFTER lingering in the town of Croydon in a sporadic form for some time, small-pox has now become epidemic, and one of the district medical officers has no less than twenty-one cases under treatment. For many weeks past the guardians have been urged to provide a proper hospital, many of the cases having been treated at home for want of one, and others in the workhouse, in close proximity to other inmates. Last week the guardians resolved to erect two wards, each 30 ft. long by 22 ft. wide, at a cost of £200. It having transpired that common cabs have been used for the conveyance of small-pox patients, a reward of £2 was offered for the conviction of any future offender in this respect.

A NEW FOOD FOR THE POOR.

AT a meeting of gentlemen at the Whittington Club, Mr. Low submitted specimens of a patented combination of extractum carnis and granulated Brazil tapioca. Each packet is said to contain the essence of half a pound of beef, with 60 per cent. of the finest Brazil tapioca. He proposed to introduce the food in penny packets as a benevolent action, and stated that it had been already used in the German ambulances. The proposal seems to us to be too good to be true, but we should be glad to hear of the poor being able to buy such useful food at so reasonable a rate.

MR. CHILDERS.

THE First Lord has been advised by Mr. R. Ellis to take a short coasting cruise for the further improvement of his health. As he is naturally an excellent sailor, there is every reason to believe that more decided and permanent benefit will accrue from this than from any other mode of travel. He left Newhaven for Portland in the *Black Eagle* Admiralty yacht, on Monday evening last.

THE GENERAL MEDICAL COUNCIL.

A MEETING of the Executive Committee of the General Medical Council was held at Soho-square, on Wednesday, the 25th January, when the usual routine business connected with the annual publication of the Register was transacted. Dr. Quain, who has for several years filled the office of treasurer to the Council, has been elected to the vacancy in the Executive Committee caused by the retirement of Mr. Cæsar Hawkins.

CONTAGIOUS DISEASES ACT.

THE appointments under this Act have undergone a slight change. We announced that Staff-surgeon S. S. D. Wells was appointed from H.M.S. *Ganges* to the vacancy at Devonport, caused by the promotion of Dr. T. R. Pickthorn. The Admiralty have now removed P. Digan, Esq., from Southampton to Devonport, and have appointed John Andrews, Esq., retired naval surgeon, to fill the vacancy at Plymouth.

ACCORDING to the *Academy*, the country of "Manimes," where Dr. Livingstone was said to be at the date of sheik Said's letter to Dr. Kirk, appears to be the "Manyema" country round lake Ulenge, west of Tanganyika, which Dr. Livingstone announced his intention of exploring in the lastest letter received from him in Europe, dated May 30th, 1869.

THE local authorities of Oxford have adopted a general scheme of drainage, proposed by Mr. Baldwin Latham, for the whole district. The sewage is to be pumped up and distributed over the adjacent meadows. The carrying out of the scheme is estimated to cost £40,000, and is calculated to meet the requirements of Oxford for a generation or two to come.

MR. ROBERT GLADSTONE, the Treasurer of St. Mary's Hospital, has been presented by Mr. Humphry Nicholls, of Manchester, with £9000, to be applied to the funds of that institution, and an additional £9000 for the Barnes Convalescent Home at Cheadle, Hulme. Mr. H. Nicholls has now given a total of £20,000 to the institutions.

THE cartoon in the current number of *Vanity Fair* has for its subject Professor Huxley. It is one of the cleverest productions of the artist, S. Carlo Pellegrini, though, as in the case of Sir W. Fergusson, the letter-press is scarcely characteristic enough.

IN the Cambridge Mathematical Tripos list, the second wrangler is a son of Mr. Glaisher, F.R.S., the well-known meteorologist and assistant to the Astronomer Royal.

THE Metropolitan Board of Works has conceded to the Native Guano Company permission to erect works at Crossness for the purpose of treating by the A. B. C. process half a million gallons of sewage daily. The sanction thus given is for twelve months only—a sufficient time to enable the experiment to be thoroughly tried.

WE are glad to observe that Dr. Wm. Powell is giving greater satisfaction to the governors of the Torbay Infirmary than he afforded in the case of the Farnham guardians. They have voted him a donation of twenty guineas for his efficiency and skill, and more especially for his unremitting attention and kindness to the poor.

ATTENTION is called by the Registrar-General to the fact that while the mortality in the large town districts, taken as a whole, is kept down within its old limits, it is rapidly increasing in the small towns and rural districts. There has been a rise of 2 per 1000 in the death-rate of the rural population within the last ten years.

THE *Malvern News* of Saturday last (28th ult.), in an article dealing with the prevention of infectious diseases, says: "There is a house in this town, let as a lodging-house, in which scarlet-fever patients find a retreat." The *News* thinks this ought to be known to the local authorities. We think so too.

MR. GEORGE POLLOCK has received three months' leave of absence from his hospital duties, in order to proceed to Constantinople and the East to advise on the formation of certain proposed hospitals by the Turkish Government. We believe that the remuneration allowed is of a very liberal character.

ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

THE PROPAGATION OF PARASITES BY SEWAGE IRRIGATION.

AT the meeting of this Association on the 21st ult., Dr. COBBOLD read a paper on the above subject. He stated that, very properly, facts had been demanded in support of the general conclusions at which Dr. Letheby and himself had arrived respecting the probable spread of entozoötic disease by sewage irrigation. The negative argument derived from the absence of any excess of entozoötic disease in Edinburgh seems conclusive, but was not so in the judgment of Dr. Cobbold, because there was not a single butcher or flesher in the United Kingdom who has ever either seen or, indeed, acknowledged the existence of measles in the cow, calf, or ox, to say nothing of the existence of similar larval parasites which he has recently shown to occur in the muscles of the sheep. Dr. Cobbold therefore expressed his conviction that, at this present moment, hundreds, not to say thousands, of the cattle now living in this country are thoroughly well measled. But further, until lately the only specimens of "beef measles" ever recognised in England were those which were removed from cattle subject to feeding experiments by himself at the Royal Veterinary College. Neither Professor Simonds, Pritchard, nor any other person had ever seen anything of the sort previously. The "measles" was artificially reared in the animals by the introduction of the eggs of tapeworms from the human body; so that it may be said without hesitation that these experimental animals, instead of being diseased from parasitic germs by means of sewage-grown grass, in a round-about manner, were infected by certain of the ordinary constituents of sewage or fæcal discharge in the most direct manner possible. The presence of measles in cattle does not necessarily give rise to any conspicuous suffering. It is true that the calf experimented upon nearly succumbed to the disorder, but the health of the older animals was only slightly affected; nevertheless, the number of six-hooked embryos was many thousands. Cattle fed on sewage-grown fodder never, therefore, infect themselves to such an extent as to cause conspicuous suffering on their part; yet, at the same time, it is perfectly clear that the likelihood of their becoming "intermediate bearers" of the larvæ of human tapeworms is a thousandfold increased by the fact of their being fed on grass reared under the conditions referred to.

The amount of suffering caused by parasites depends, though not invariably, on the number introduced, the age of the bearer, and upon his sensibility. It is astonishing what an amount of infection old animals will bear. A cow, with fifteen or sixteen millions of trichinæ, had no pain, nor did she lose her appetite. When slaughtered, the by-standers refused to believe that she was diseased. Three pigs fed by Dr. Thudichum suffered more; two became ill, and the third died. Rats and rabbits resist the action of the flesh-worms, and the same may be said of cats and dogs.

A single person affected with tapeworm discharges thousands of eggs daily, which pass into the sewers. The further dispersion of these germs over fields and market-gardens ensures a more than ordinary facility of access into the bodies of cattle. If, indeed, it could be safely alleged that parasitic disorders have not increased in consequence of sewage distribution, that would not disprove the injuriousness of wholesale irrigation, but would show that the untiring exertions of our sanitary officers have more than counterbalanced the excess of evil. We are not in a position to afford absolute proof, either one way or other, as to the increase or decrease of parasitism. There is no definite evidence; nor is there any public record of deaths from entozoöic disease, though several hundreds annually take place.

Dr. Cobbold, after giving some interesting observations on the prevalence of parasites in animals, gave an account of the development of "Bilharzia hæmatobia," the African blood-fluke. He had succeeded in rearing and watching the habits of the larva in the condition of an actively swimming, cone-shaped, ciliated, infusorial animalcule, furnished with a highly developed water-vascular system. These develop more rapidly in pure water than in fluids which contain impurities of any kind; in fact, the young Bilharzia cannot arrive at their ultimate destination in the bodies of mankind or monkeys, until the urine or sewage in which they occur shall have been considerably diluted with fresh or salt water, in either of which they are capable of development with extraordinary rapidity.

The subject had not, Dr. Cobbold observed, been treated exhaustively, but all that was proposed was to demonstrate the high probability, not to say certainty, of a large increase of parasitism amongst mankind and animals, as arising from the distribution of fresh sewage by the method of irrigation on any extended scale.

The lecture was illustrated by preparations of the measled beef to which reference was made, and by drawings of the young Bilharzia.

Correspondence.

"Audi alteram partem."

CAN THE DEAD CONVEY INFECTION?

To the Editor of THE LANCET.

SIR,—I am constantly observing how exceedingly careful the parish authorities are, during the prevalence of epidemic contagious diseases, to provide for the separation of the dead, and how important some medical officers appear to regard the erection of mortuaries for the same purpose. In a general sense these objects are good, but they seem to imply that the dead body is more harmful than the living. This is a popular view, and, in accordance with it, one has seen the friends of a small-pox patient visit his house whilst he is living, but would not venture even to follow him to the grave when he is dead. A typhus fever patient may be shut up in a close room for a fortnight, but imme-

diately the breath is out of his body the parish authorities are on the alert to remove it. I should much like to know from those who are in a position to form strictly accurate conclusions what their opinion is about the contagium of the dead body. My own opinion, framed from negative evidence, is that all fear of contagion ceases with death—that is, of taking the disease through the air. Thus at my own hospital typhus fever has always been admitted into the wards, and I have unfortunately witnessed patients, students, and nurses take the complaint; but during many years also there have been numbers of post-mortem examinations of those who have died of typhus, made in a small room with about fifty students present, and I have never heard of a case of the disease contracted therein. Those gentlemen, indeed, who manipulate may stand with impunity a whole hour over the same body which, when living, had infected a pupil who had been in proximity with it for a few minutes only. Several cases of scarlatina have also been examined after death, and a few of small-pox, and with the same negative result. There is, therefore, every reason to believe that there is no poisonous gaseous emanation arising from the bodies of those who have died of specific contagious fevers which is capable of engendering the disease in others. How long after death the blood or secretions may retain their virulent nature, and be capable of inoculating the operator should he cut himself, is another question. It may be quite possible that the blood of scarlatina, small-pox, or syphilis, which is said to contain the specific germs of these diseases during the lifetime of the patient, may retain its reproductive power some hours after death, but that the atmosphere surrounding the bodies of those who have died of these and kindred affections holds contagium there is no proof. Of course there is no harm in the segregation of the dead, but do not let scientific medical men act solely on false popular fancies.

I remain, Sir, your obedient servant,

Grosvenor-street, Jan. 1871. SAMUEL WILKS.

ON THE EMPLOYMENT OF MERCURY IN HEPATIC DISEASES.

To the Editor of THE LANCET.

SIR,—I regret that your correspondent, when giving an account of what occurred in the Medico-Chirurgical Society of this city at its last meeting, should have confined himself to the account of my case given to it from memory by Dr. Rutherford, rather than to the facts as stated by myself. After hearing that gentleman's observations, I again examined the man, and for further careful inquiry once more admitted him into my ward, where he now is, labouring under pulmonary symptoms. He has been repeatedly examined, not only by myself, but by my resident house-physicians, Drs. Hinchcliffe and Macdougal, and by my clinical clerks before the clinical class, and his statements, combined with his former and actual condition, so far from favouring the assertion made by Dr. Rutherford that there was no evidence of his having been salivated in India, a statement he attempted to support by certain documents he obtained from the authorities of the Netley Hospital, unequivocally prove the correctness of the description I gave to the Society. Of this your readers may judge from the following abstracts of his case:—

A soldier, aged thirty, was admitted into my clinical ward of the Royal Infirmary on the 26th of November, 1867, from which he was not well enough to be dismissed until May 7th, 1868. He was again admitted January 21st, 1871. He says that he enlisted into the Indian army in 1858, and suffered in different stations from a variety of ailments. On entering Jhansi at the commencement of 1862, three minute sores were detected on his prepuce, which were treated first by the application of nitric acid, and secondly by black-wash. They were well in a fortnight. About three months after this, when suffering from vomiting and purging, the apothecary in the hospital at Jhansi put two pills into his mouth, which, being unable to swallow, he allowed to dissolve there. Next morning, the tongue, gums, and the whole of his mouth were greatly swollen, salivation was profuse, and his teeth became loose—symptoms which continued violent upwards of two weeks. He says his mouth has been more or less sore ever since. On the march from Jhansi to Jhullander, in December, 1862, he fell off his horse, which, he says, was followed by a swelling in one of his groins. Tincture of iodine was applied, and it disappeared in a fortnight. Neither the sores nor the swelling gave him any concern, they were so trifling. They occurred at an interval of nearly twelve months, so that he never considered he had laboured under the venereal disease, and hence why on several occasions he has denied having been affected with that malady. In 1865 he had ague for the second time, accompanied by pains in the hepatic region. Gradually an abscess formed in the liver, for which he was treated at various places by different medical men. He was sent to a convalescent station in the Himalayas, named Kissowlie, when he was in the hospital about eight months, treated locally and generally. In addition to numerous topical applications, a seton was introduced over the cartilage of the right seventh rib, from which for some time matter and blood were oozing. On one occasion about a teacupful of such matter escaped. He took taraxacum pills without benefit, and numerous other pills and white powders, generally twice or thrice daily. On three occasions his mouth again became very sore, which, he said in 1867, was owing to mercurial medicines; but which he now says (1871) he *supposed* to be some form of mercury, in consequence of the effects produced on his gums and teeth, the former of which were made spongy and the latter loose, so that on eating blood was extravasated. Early in 1867 he was invalided and sent home in a troop-ship. He arrived in England on the 31st of May, and went to the Military Hospital at Netley, where he remained a month. For two weeks when there he rubbed in over the liver an ointment of the red iodide of mercury twice daily, and on leaving that institution and being dismissed the service, he was furnished with two large pots of the same ointment, which he continued to rub into his side twice, and sometimes thrice, daily. His mouth, after leaving Netley, again became very sore, and an eruption broke out on his body, which becoming worse, he at length entered the Royal Infirmary.

On admission he complained of severe pain, increased on pressure over the liver, which was enlarged, and on percussion was shown to measure vertically six inches. He had a severe cough, with purulent expectoration, and all the symptoms and signs of incipient phthisis pulmonalis. The skin of his legs and trunk was covered with patches of eczema, varying in size from a fourpenny-piece to that of a cheese-plate, with here and there prominent crusts of rupia, from the bases of which exuded a thick, dirty-green offensive matter. These patches presented an irregular margin, were of a coppery-red colour, and more or less covered with a laminated scale, dry in some places and moist in others. His general aspect was miserable and cachectic in the extreme. He was greatly emaciated and very feeble; pulse 64, weak; and he could not sleep from the irritation and pain caused by his skin disease. His tongue was furred, his gums spongy, and several of his teeth carious and loose.

He remained in the Royal Infirmary under my care from November 26th, 1867, until May 7th, 1868, during which period he became gradually better, and at length quite well, under the influence of local and general alkaline baths, and internal restoratives, cod-liver oil, &c. During this period, also, several complications appeared, an account of which, with a minute history of the case, as recorded by my clinical clerks, and as confirmed by the repeated public examinations before my clinical classes of 1837, '38, and '71, I shall publish when it is completed. It will suffice to say that I considered it my duty, as a Clinical Professor, to draw the attention of my pupils to this man, whom I regarded as offering a striking example of the inutility and danger of giving mercury in cases of hepatic disease. After leaving the Royal Infirmary of Edinburgh in 1858, he informs me he was in the hospital of Cork for four months. At the commencement of the present winter the skin-disease returned to a certain extent, for which he was treated by my colleague Dr. Sanders. He is at this moment again in my ward; the skin is well, but his cough and expectoration have returned. I have only to say that I requested Dr. Smith, the dentist of the infirmary, to examine the man's teeth, who informs me, in a note dated January 27th, 1871,

that he has done so, and that "without any knowledge of the man's history, I should say that the looseness of the teeth, the mode of loss of others described by him to me, and the red and tumefied margin of the gums, coincide with my own observations in cases where similar appearances have been, in my opinion, produced by the use of mercury."

In commenting on this case, I remarked in my paper read to the Society, December 21st, 1870, that it demonstrated "the fixed idea with which medical men are imbued concerning the influence of mercury in diseases of the liver, an idea which has been handed down and fostered by almost every teacher of materia medica in this and other countries.* The case I have related is not a solitary one. Thousands of our soldiers have been so treated, and many thereby, instead of recovering, as in this instance before us, have had their healths irretrievably shattered. But I need not attempt before this audience and in this city to dwell upon the ill effects which have resulted from the administration of mercury. I have only to say that, notwithstanding the efforts of our most philanthropic and able physicians and surgeons, the case related proves that, however the evil may be diminished, it still occasionally exists in all its frightful reality." These are the exact words I read to the Society, and which have been represented by Dr. Rutherford as meaning that thousands of British soldiers had been rendered unfit for service by the abuse of mercury, and as being an insult to the medical men of the army. I then proceeded to speak of the researches which demonstrated that mercury had no special influence whatever on the liver, and to relate fresh experiments, which showed that, applied topically to the orifice of the common duct, it failed to provoke a flow of bile.†

In reference to the expression "thousands of soldiers," &c., no one but Dr. Rutherford would have imagined that I charged army practitioners with continuously poisoning their patients affected with either syphilis or hepatitis by means of mercury. I never alluded to the practice of army surgeons in any way. My object was to show that mercury had no influence on hepatic diseases, and that instead of doing good it frequently did harm, as illustrated by the treatment of this soldier, abroad and at home. That numerous similar cases have occurred, and that the effects observed in this man, resulting from the exhibition of mercury for the cure of syphilis as well as of hepatitis and other diseases, were formerly common, is known to everyone acquainted with the literature of his profession.

I regarded the skin disease in this case as a mercurial eczema, conjoined with rupia; and his cachectic appearance, exhaustion, spongy gums, loose teeth, &c., as the result of poisoning by mercury in India. To those opinions I still adhere.

Dr. Rutherford, in his remarks to the Medico-Chirurgical Society on the evening of December 21st, 1870, and in his communication read at its next meeting, Jan. 18th, 1871, endeavoured to show that the skin disease was purely syphilitic, and that he had never taken mercury in India. He admitted that the stomatitis and salivation which occurred in Jhansi were "mysterious"! but produced certain sheets or forms sent from the Netley Hospital, on which, as there was no mention made of a mercurial treatment or of salivation, he rested the correctness of his views. On my asking to see these documents before the meeting, he declined to show them to me, and the suspicion thus excited as to their value was fully confirmed by the hasty glance I was enabled to obtain of them when they were handed round among the members of the Society. They contain no account of the man's salivation at Jhansi, of his sore gums and loose teeth, and were so constructed as to give no accurate account of the pills and powders that he was ordered to take by his numerous medical attendants in India, and which he supposed to be mercurial from the effects produced on his mouth.

With regard to the insinuations Dr. Rutherford throws out concerning my medical ignorance and incapacity, I am content to rest until all the facts of the case are published. I think it will then be made apparent that our clinical examinations of cases in the Royal Infirmary are not so careless, nor our diagnoses so erroneous, as he imagines. What his own powers in that respect may be I cannot tell, as I never heard of Dr. Rutherford, C.B., &c. &c., previous to his display at the Medico-Chirurgical Society. But if they have no more solid foundation than his unfounded charges against me of "insulting army medical practitioners," of "throwing unjust aspersions on them," of "ruthlessly attacking his friends and acquaintances," &c. &c.,—whilst he himself did not scruple to throw every contempt on the memory of his late brother officer, Dr. Macloughlan—they may be regarded as utterly worthless, and as meriting no consideration whatever.

I remain, Sir, your obedient servant,

Edinburgh, January 30th, 1871. JOHN HUGHES BENNETT.

* In proof of this I referred to the last work on Materia Medica, published in this city as late as 1871.

† See *Brit. Med. Jour.*, January 7th, 1871.

To the Editor of THE LANCET.

SIR,—One word with reference to your report of the meeting of the Medico-Chirurgical Society of Edinburgh of the 18th inst., and the statements that were then made relative to the case of Nicholas H——, a discharged soldier. As the man was under my professional care at Kussowlie, in India, from April, 1865, to November, 1866, during which time he suffered from hepatic abscess, of which he recovered, I think it right to state, as succinctly but as emphatically as possible, that during that period he never received any mercury whatever. Moreover, I quite agree with Dr. Bennett that, under such circumstances, mercury would be most injurious; and, from my experience of eight years and a half in India, I very much question whether he would find a single medical officer who would differ with him on that point.

I am, Sir, your obedient servant,

Woolwich, Jan. 31st, 1871. A. P. M. CORBETT, M.D., Surgeon, Rifle Brigade.

THE DRY-EARTH SYSTEM OF CONSERVANCY.

To the Editor of THE LANCET.

SIR,—Professor Rolleston objects to a sentence which he extracts from page 28 (106) of my Report on Earth-closets: "It has already been shown that nothing about enteric fever can be brought into evidence from India"—apparently understanding me to mean that enteric fever is not certainly known to exist in India—a view the incorrectness of which he proceeds to prove. But plainly my words have reference, not to the knowledge that many Indian physicians may have of enteric fever, but to the availability of Indian experience as evidence on a particular point. Allow me to quote, from pages 18-19 (96-97) of my Report, some passages of which the above extract was a mere and obvious summary:—

"General statements that the sanitary condition of troops and institutions has improved will be found abundantly in the Indian reports, but there is not the detail which is to be desired. And with regard even to the effect of the change of system upon fevers, cholera, and diarrhœa, no trustworthy statement can yet be made. Thus it might be expected that the experience of Indian gaols would give evidence respecting the influence of earth-closet introduction as regards fever. But all sorts of fevers are returned under one head in the gaol statistics, and, from the different statements made by high authorities respecting their nature, it seems almost certain that two or more diseases are confounded under one term.....

"In the opinion of other authorities, however, the contagious element added to malarious Indian fevers results rather from the co-existence of a poison having many of the characters of European typhus, like that disease spreading most under circumstances of filth and overcrowding, but not being peculiarly transmissible by the operation of decomposing excreta. In so far as this latter view truly represents the facts concerning the contagious quality of Indian gaol fever, it will be less in conditions of conservancy than in other sanitary provisions of the gaols that extension of the fever by contagion will be favoured or prevented. But until more definite knowledge is had of the nature of Indian gaol fever, we cannot deduce from its increase or decrease under particular circumstances any conclusions applicable in any argument about English fevers.

"Concerning true enteric fever in the gaols of India, as

affected by the introduction of the earth system, no evidence has come to my knowledge. To judge by our home experience, however, this (or whatever may be its Indian analogue) is the 'fever' which may most be reduced in prevalence by the substitution of good for bad conservancy arrangements.

"After all, in India as in England, it is probably not from gross death returns that trustworthy evidence as to the relation between each particular fever and the current system of conservancy arrangements is to be expected, but rather from the minute observations of particular outbreaks of disease by physicians who have studied both the sanitary question and also the nature of the several diseases at present confounded in the term 'fever.'"

My conclusion was, that the published statistics about Indian fevers (in which statistics, as I think, the sort of fever is not sufficiently distinguished) are without value as evidence either for or against the influence of the earth system upon those diseases; just as (note page 19) I should attach no value to professing evidence on the same subject from English writers who did not take into account whether typhus or enteric fever were in question. I may say that before definitely taking up this position I had the advantage of conferring with Dr. Murchison, whose authority on the subject is admitted by Professor Rolleston. I see no reason to depart from my conclusion, which is indeed, I venture to think, not a little confirmed by some of the quotations in Professor Rolleston's paper.

I am, Sir, your obedient servant,

Richmond-terrace, Jan. 24th, 1871. GEORGE BUCHANAN.

THE REFORM COMMITTEE AND THE LANCET BILL.

To the Editor of THE LANCET.

SIR,—On the 18th of January I addressed a letter to you complaining of your having, in your number of the 14th, imputed stratagem to the Reform Committee of the British Medical Association in regard to its proposed mode of dealing with the question of medical reform.

In your last number, that for Jan. 28th, you not only criticise, but misrepresent the contents of my letter, in which Earl De Grey's name was not, as you state, referred to, and in which there was no such absurd statement as that his Lordship, or any Minister, had declared the Association bound to prepare a Medical Act to replace that withdrawn by the Government. The parties who did so were independent members unconnected with the Government.

In criticising a letter which you have not placed before your readers, you have pursued an unprecedented course, which on reflection, I feel assured, you will see the propriety of rectifying.

On behalf of the Association, I am bound to request its publication.

I am, Sir, your obedient servant,

EDWARD WATERS,
Chairman of the Reform Committee of the British Medical Association.

*** We gladly publish the above letter; but we see no necessity for the publication of Dr. Waters's first one, since we can easily do him full justice without it. We are perfectly willing to believe that there was no "stratagem"—such as we erroneously suggested—in the conduct of the Reform Committee of the British Medical Association. It now plainly appears that the action of that body resulted simply from its ignorance of the usages of courtesy between public men. It never struck these gentlemen that THE LANCET Bill ought to be *publicly* referred to, and its provisions *publicly* discussed by them, before they attempted to commit the Association to a repudiation of its principles. On a second point we are even more happy to do Dr. Waters justice. We have drawn from him the distinct statement that it is erroneous to suppose the Government gave any sort of hint or encouragement to the British Medical Association to draft a Bill at all. We sincerely beg Dr. Waters's pardon for having so far misunderstood him and the other persons who have written in defence of the action of the Reform Committee. We certainly did for the moment imagine that the Reform Committee were justifying an otherwise unjustifiable action on the ground of a semi-official position accorded to them by the Government; but it now appears that the Committee only meant to say that "independent members" (not named nor numbered) had advised them to draft a Bill.—ED. L.

THE MEDICAL PROFESSION IN LINCOLN.

To the Editor of THE LANCET.

SIR,—It would be unfair to the profession in Lincoln to allow the damaging remarks of "Cacouna," in your last week's impression (January 14th) to pass unchallenged.

The statements might have been allowed to stand as true if they had referred to a period six or seven years ago, when one or two bright stars of the profession absorbed the whole of the better class of practice, and left their brethren to fight for dear life in the slums. Lincoln of to-day is a prosperous city, and the medical profession in it is represented by a class of influential and highly respected gentlemen. Club practice is acknowledged to be an unprofitable and thankless labour, and is usually worked only as a temporary occupation. Clubs frequently go "a begging" for a doctor. I have myself met with three instances where deputations have been sent out to request first one medical man and then another to undertake their contracts, until at last they found some one "short of a job."

Midwifery fees range from one to five guineas; and in the country, of course, an extra charge is made for the journey. Half-guinea midwifery is not much practised in Lincoln; those who have done so report that they get paid their fee about once in three times, and then only on *demand*.

The vaccination fee, since the new Act came into force, is now five shillings in all cases, excepting of course in those who cannot afford it, who are instructed to go to the public vaccinator.

The members of the profession in Lincoln live and work in harmony and goodwill together; they form amongst themselves a Medical Society, which meets twice a year, when papers are read and joviality prevails.

I protest therefore that the statements of your anonymous correspondent can refer only to exceptional cases, and do not, by any means, characterise the profession in Lincoln.

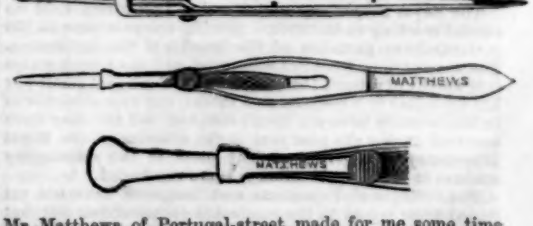
I am, Sir, faithfully yours,

January 17, 1871. G. M. LOWE, M.D.

THE TORSION OF ARTERIES.

To the Editor of THE LANCET.

SIR,—I have been asked so often as to the form of forceps I recommend for the practice of torsion, and instruments have been sold as mine which I have no wish to claim, that I send you the drawings of two pairs of forceps which



Mr. Matthews, of Portugal-street, made for me some time back. The narrow-bladed pair is for arteries of moderate calibre; the broad pair, for the femoral or brachial arteries. They answer admirably.

I am, Sir, yours faithfully,

Finsbury-square, Jan. 1871. THOMAS BRYANT.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE friends of the medical education of women are determined to continue the struggle. On the 26th ult. a tolerably influential meeting was held under the presidency of the Lord Provost, and a considerable number of ladies were present. The meeting was addressed by Professor Masson. Twelve ladies and gentlemen have constituted themselves a provisional committee; and Professor Masson moved that the present committee, with some additions to their number, be appointed to arrange details for the furtherance of the object. Sheriff Neil Campbell seconded the motion. The meeting was also addressed by Dr. Moir on the difficulties to be encountered by the ladies studying in Edinburgh, and he suggested that the friends of the cause should endeavour to have one of the many existing hospitals in London set apart for female medical students. Dr. Macnair, Professor Calderwood, and Mr. R. Wyld also spoke, the latter gentleman observing that he did not doubt the ladies would be gladly welcomed at the Children's Hospital; but I understand this statement is somewhat premature, as the physicians of that institution have not, as a body, given any opinion on the matter, and opposition to their admission is not unlikely. A male treasurer, and a male and also a female secretary were appointed.

On the other hand, the injudicious speech of Miss Blake at the meeting of contributors to the Infirmary has brought her into difficulties. It is reported that she declines apologising for the language she used regarding Mr. E. C. Craig, class-assistant to Professor Christison, and he has therefore commenced an action against her, the damages being laid at £1000. It is much to be regretted, whichever side of the education question is taken, that such unseemly results should arise; and I am sure that Miss Blake's friends must regret that her prepared speech had not been carefully revised by one of the "sterner sex" more accustomed to public appearances, and that some of the strong observations which it contained had not been deleted before it reached the public ear. Its ability is all very well, but its judiciousness is open to serious question.

Since I last wrote the annual meetings of two of our medical charities have been held. From the report of the Royal Edinburgh Hospital for Sick Children it appears that the hospital can now accommodate 32 ordinary and 40 fever patients. During the past year 470 children have been treated in the hospital, 4119 at the dispensary, and 758 were visited at their homes. A total of 50,309 children have been treated in connexion with the hospital since its opening in 1860. During the past year the income was £1796 12s. 2d., and it is satisfactory to find that the expenditure was £1533 9s. 9d. Besides this expenditure, the directors have paid off the balance of the cost of the enlarged fever wards, amounting to £825 8s. 6d. In moving the approval of the report, Dr. Matthews Duncan observed he had been told by several American gentlemen, who had inspected most of the hospitals in Europe, that of all they had seen there was none of them to be compared to the Edinburgh Hospital for Sick Children; it was not only one of the largest, but it was by far the prettiest, the nicest, and the best-conducted of any.

The Royal Dispensary and Vaccine Institution held its annual meeting on the 28th. During the past year 11,758 patients have partaken of the benefits of the institution. The vaccinations have not decreased, and the report states it is worthy of remark that, while on the Continent small-pox has prevailed to a considerable extent, and even some towns in this country have not been exempted, yet no cases have occurred during the past year in the practice of the Royal Dispensary, thus giving efficient proof of the satisfactory manner in which vaccination is there conducted.

The Colleges of Physicians and Surgeons have not yet issued their report on the medical charities of this city, but I hear that the committees of both Colleges have prepared their report, and that the principle recommended to be adopted is similar to the dispensary system, which has been found to work so well in Ireland; but I shall be able to say more about this in a future letter.

Edinburgh, Jan. 31st, 1871.

IRELAND.

(FROM OUR SPECIAL CORRESPONDENT.)

DRUG INSPECTORS FOR THE IRISH UNIONS.

THE guardians of the North Dublin Union last week passed the following resolutions in reference to the lately proposed appointment of an Apothecary-General for Ireland:—"That the Board believes the end proposed by the Poor-law Commissioners, in the matter of the Poor-law Union drugs, to be laudable and necessary, the strong objection raised against the proposition being against the mode or arrangement whereby that end was proposed to be attained. That, feeling the necessity which exists for providing independent and responsible inspection of the drugs and medicines supplied to the workhouses, this Board believes it to be desirable to have appointed two competent and highly-qualified inspectors of medicines and medical appliances used in the hospitals and dispensaries. That the election should be made in the manner proposed as to the intended Poor-law Unions' apothecary, but no candidate should be voted for unless, after competitive examination by the College of Physicians, he be placed on a list of five names, out of whom two shall be elected. That a copy of these resolutions be forwarded to the various unions in Ireland, and the co-operation of the boards of guardians be solicited."

HEALTH OF DUBLIN FOR 1870.

From the Report of the Registrar-General for Ireland for 1870, we find that the births registered in Dublin during that period amounted to 8546, being equal to a ratio of 1 in 37, or 27 per 1000 of the population; and the deaths to 7728, affording an annual ratio of 1 in 41, or 25 in every 1000. Of these 7728 deaths, 1190 occurred in the various hospitals, prisons, and lunatic asylums; 465 in the North Dublin Union Workhouse, and 670 in the South Union; making a total of 2325, or 30 per cent. of the total deaths registered. The principal causes of death were as follows: Bronchitis 1085, phthisis 974, convulsions 519, scarlet fever 448, fever 371, heart disease 337, diarrhœa 320, pneumonia 161, mesenteric disease 160, hydrocephalus 152, paralysis 143, cancer 140, whooping-cough 136, apoplexy 114, croup 90, cephalitis 79, measles 53, diphtheria 22, aneurism 21, pericarditis 9. 218 deaths resulted from violent causes—viz., 194 accidental, 11 homicidal, 1 execution, and in one instance of violent death the nature of the return did not admit of its being classified. The mean temperature of the air during the year was 49° Fahr.

DISEASED FOOD IN DUBLIN.

From the Report of the Public Health Committee of the Corporation of Dublin for the month of December, it appears that, during that period, 37,100 lb. of beef, 600 lb. of veal, 600 lb. of pork, 160 lb. of goats' flesh, 170 lb. of fish, and 115 lb. of fruit, making a total of 38,745 lb., were condemned and confiscated in that city, as being unfit for food. The fines inflicted were as follows:—For exposing unwholesome meat, £11 10s.; adulterating milk, £12 1s.; sale of adulterated confectionery, £15 10s. Imprisonment without the option of a fine for these offences is, as usual, conspicuous by its absence.

PAPER FROM WOOD.

Mr. James McDonnell, of Dublin, a paper manufacturer, has lately used wood as a substitute for rags in the manufacture of paper. Deal boards are chopped up into fibre, and placed in a boiler at 200 lb. pressure. It then assumes the form of a rich cream-coloured pulp, which bears printing admirably. Mr. McDonnell holds a patent for this process, and has made arrangements for using this ingenious substitute on a large scale.

CENTENARIANS.

Within the last few days several deaths have taken place in Ireland of persons over 100 years of age; among others, a woman named Mary Brennan, died at Tristenagh, in the county of Westmeath, at the advanced age of 109 years.

ANOTHER LADY MEDICAL STUDENT.

At the examination in Arts of the Apothecaries' Hall of Ireland, held on Friday, the 20th ult., a lady student, Mrs. Leggatt, passed her examination in a very creditable manner.

SMALL-POX IN BELFAST.

Small-pox is spreading in Belfast. Last week no less than 76 cases of this malignant malady were under treatment in the hospitals. It is satisfactory, however, to find that these are principally cases imported from different parts of England, and that the stamping-out process has been so successful in Ireland, owing to the exertions of the Poor-law medical officers. It is to be hoped that revaccination will soon become the law of the land, as until a second vaccination is enforced, any imported case of small-pox may, at any time, act as a centre for disseminating contagion in a country previously free from the disease.

Dublin, February 1st, 1871.

NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

RELAPSING FEVER was first recognised in this city in January, 1870. Cases of fever of a doubtful type had been observed by health officers during the preceding months of October, November, and December; but their true nature was not understood. The first cases brought under direct and continued observation occurred in Bellevue Hospital, where it prevailed during January, attacking alike nurses and resident physicians. The course of the epidemic may be seen in the following records of the Board of Health:—In the first quarter of 1870 the number of cases was 721; second quarter, 873; third quarter, 394: total, Oct. 1st, 1988 cases. From the last date but few and isolated cases have been reported; so that the epidemic may be regarded as having ceased on Oct. 1st, 1870. The following facts may not prove uninteresting:—Number of males, 1219; number of females, 769; total number of deaths, 176, or 8·85 per cent. Number under five years of age 36, deaths 4; from five to twenty years 379, deaths 16; from twenty to fifty years 949, deaths 104; upwards of fifty years 163, deaths 52; ages not stated 269, deaths 192.

No community is more favourably conditioned for the prevalence of relapsing fever than New York. Half of its million of population live in tenement houses, and of this number 20,000 live in cellars. Its trampers number not far from 10,000. And yet there was no time that the fever assumed alarming proportions, or taxed the capacities of the Commissioners of Charities. This was due to the prompt and decisive measures taken by the Board of Health. On the recognition of the first case a house-to-house visitation was instituted, and every case discovered was immediately sent to hospital, the room was thoroughly cleansed and disinfected, and all persons exposed were placed under quarantine. The Commissioners of Public Charities opened a large fever hospital on Riker's Island, twelve miles from the city, and provided convenient water transportation. Physicians were also required to report every case at once on recognising it, and all such cases were carefully guarded by the officers of the board. These measures gave most gratifying results. The cleansing and disinfection were so thorough that in but few instances did the fever reappear in the same apartments. It prevailed to some extent in Bellevue and Charity Hospitals, but isolation of the sick, and disinfectants, relieved these institutions of its presence.

The only special treatment used was the "wet pack" in the first stage; this abated the fever, and seemed to render the other stages of the disease comparatively light. The causes of death were generally complications of lung diseases, due to exposure.

January, 1871.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

WE have been requested to publish the following letter, addressed to the officers of the Poor-law medical service respectively:—

SIR,—I beg briefly to lay before you the following cardinal points of the programme of the Poor-law Medical Officers' Association of England, which the Council propose to carry out, and request you to furnish any observation of facts relating thereto.

1. To obtain life appointments for all Poor-law medical officers, and entire instead of partial payment out of the Consolidated Fund, thus securing at once their position as officers of the State, and enabling them to act with greater freedom and efficiency.

2. To obtain adequate remuneration for medical officers, on a uniform basis as far as circumstances will permit, and thus make the Poor-law medical service a branch of the Civil Service, with a certain superannuation when ill-health or old age or length of service may entitle them thereto. This superannuation to be a charge on the Consolidated Fund, so as to render it free from the caprice of local influences.

3. To obtain increasing pay for length of service and promotion in the service to the higher inspectorial appointments, as now obtained in the sister services of the army and navy.

4. The consolidation of the various offices of registrar, vaccinator, medical officer, and health officer, with proper remuneration.

5. All drugs and surgical instruments to be found at the cost of the guardians, and dispensaries and dispenser whenever practicable.

6. To obtain for the medical officers the responsible control of all midwifery cases.

7. To provide a basis for consultation and united action in any case of difficulty that may arise in the discharge of their duties.

8. To obtain the same payment for operations in the workhouses as in districts, and an extension of the list of operations for which extra fees are paid.

9. Generally to raise the status of the Poor-law medical officers, to increase their influence and usefulness, and consequently their remuneration, and to provide a channel through which all the defects of the Poor-law medical service may be brought to light and discussed with a view to their removal or amelioration.

Please favour me by communications illustrative of the difficulties or disadvantages of the service within your experience, together with any comments on the above. All communications shall be considered perfectly confidential, except on the expressed consent of the writer. Names of persons and places will be omitted, and only the facts recorded, in order that the public may know that we are a united but discontented service; and when we receive the position and remuneration which we have long earned, we shall the more zealously and efficiently labour for the public weal, the less will zymotic diseases afflict all classes of society, and the smaller will be the burden on those who support the pauper population.

I am, Sir, your obedient servant,

BENSON BAKER,
Corresponding Secretary to the Poor-law Medical Officers' Association, England.

42, Grove-road, London, N.W.

Obituary.

MR. JOHN HAMMERTON.

THE pupils of St. George's Hospital, indeed every one in any way connected with that institution, will, we are sure, regret to hear of the death of one whose name has been a "household word" for nearly half a century in St. George's school. Mr. Hammerton, who died at Henley-on-Thames (where he had resided since he left St. George's Hospital), was in his sixty-eighth year.

He came of an old Yorkshire family, and was early apprenticed to Messrs. Walker and Nussey, the great apothecaries' firm in St. James's-street; and as soon as he was qualified to practise by the Company of the Apothecaries, he was appointed assistant apothecary to St. George's Hospital. We cannot do better than quote from an annual report of the hospital as to the character he had made for himself:—"The Weekly Board are sorry to have to announce that, through the failure of his health, they have been deprived of the valuable services of Mr. John Ham-

merton, who had fulfilled the duties of apothecary in the hospital for the last forty-one years. This they deeply regret, not only on his own account, but for the sake of the hospital itself. His zeal, assiduity, and kindness to the poor were appreciated by all with whom he came in contact; and the Weekly Board considered they should only be interpreting the wishes of the governors at large, and showing their sense of the long services of Mr. Hammerton, by unanimously recommending him a gratuity of 100 guineas, and a retiring pension of £200 per annum, which was as unanimously voted by a General Court on the 6th of April, 1866."

The Weekly Board of March 14th, 1866, passed unanimously the following resolution:—"That the Weekly Board, in receiving Mr. John Hammerton's resignation, beg to express their regret that he should be compelled by illness to bring to a close the very great services which he has for more than forty years rendered to the hospital. They beg also to express their sense of the great discretion and judgment which has uniformly characterised his intercourse with the governors, and the attention and kindness he has shown to the patients; and to convey to him their best wishes that rest and freedom from the responsibilities and anxieties of his office will soon restore him to health."

At the same time he received a very gratifying testimonial from the pupils, being the second of a like nature presented to him—in both cases substantial remembrances of those in whose education he had for so many years taken a part.

His elder brother, Mr. Thomas Hammerton, who so long practised in Piccadilly, survives him at upwards of four-score years, and we are sure the whole of his professional friends will join us in offering him our condolence at the loss he has sustained.

MR. W. T. JONES.

THE district of Kentish-town has lost an able and accomplished practitioner in Mr. W. T. Jones, who died there on the 5th ult., from an attack of jaundice. He was in the prime of manhood, and in the spring-tide of popular favour as a practitioner, at his decease. He studied at University College and Charing-cross Hospital, and took his professional qualification first with the Glasgow Faculty of Physicians and Surgeons in 1859, and afterwards with the Apothecaries' Society in 1862. He held a number of local appointments and took an active share in the encouragement of art and literature in his locality. He was a frequent lecturer on general as well as professional subjects, and contributed to our pages an interesting article on "Hay Fever." His loss is much felt in Kentish-town.

JOHN SODEN, F.R.C.S.

WE greatly regret to learn the death of Mr. John Soden, at the age of fifty-seven. The deceased gentleman was the son of a still more famous father, who practised for many years at Bath, and attained great repute as a consulting and operating surgeon, especially in ophthalmic cases. Mr. John Soden succeeded to his father's practice, and seemed likely to extend and increase the family renown, when, having married a lady of large fortune, he relinquished the active pursuit of his profession. Having lost his wife, comparatively recently, Mr. Soden again turned his thoughts towards surgical work; and a short time ago he was residing near Onslow-square, and was understood to be willing to see patients. He was a man of fine presence, courtly manners, and great accomplishments; and, had he not been prematurely snatched away by death, would probably have taken and held a conspicuous place in the metropolis.

MAURICE POWER, M.D.,
QUEENSTOWN.

THIS esteemed gentleman died on the 28th of December, 1870, in the fifty-ninth year of his age, at his residence "Ringacutig," and his body having been removed to the Catholic Church, where a solemn funeral service was performed, it was afterwards followed to the grave by his numerous friends.

Dr. Power in early life studied medicine in New York, where he graduated, but shortly afterwards, having married the daughter of the Hon. Judge Brockholst Livingstone, he ceased the active practice of his profession, and returning to his native country—Ireland—was elected to represent in Parliament the premier county of Cork. He was shortly afterwards gazetted as Governor of the island of St. Lucia, which office, however, his health failing, he was obliged to relinquish, although offered the important post of Governor of the island of Granada.

Dr. Power of late years has lived a retired country life in the midst of his family, surrounded by hosts of friends, which his true Irish hospitality and benevolent disposition of character had secured to him. No member of our profession could have been more esteemed than was the late Dr. Maurice Power.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. — At the ordinary quarterly meeting of the College on Jan. 26th, the following gentlemen, having passed the required examinations, were admitted as Members:—

Garstang, Walter, M.D. St. Andrews, Blackburn.
Stocker, James Reginald, M.B. Lond., Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed the required examinations for the diploma, were duly admitted Members of the College at a meeting of the Court of Examiners on the 27th January:—

Bradley, Richard B., L.S.A., Stockport.
Butler, Charles, L.S.A., Chippenham, Wilts.
Cooke, Thomas, L.S.A., New Cross, Kent.
Harvey, Thomas, L.S.A., Stonehouse, Devon.
Kynaston, Albert F., L.R.C.P. Edin., Billingborough.
Newington, Frank E., L.S.A., Tenterden, Kent.
Osborn, Samuel, L.S.A., Brixton.
Wilkins, George, M.D. Toronto, Montreal.
Wood, Alfred Henry, L.S.A., Liverpool.

APOTHECARIES' HALL. — The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Jan. 26th:—

Renton, William, Knaresborough, Yorkshire.

The following gentleman also on the same day passed his first professional examination:—

Elphinstone, George Kidson, London Hospital.

At the preliminary examination in Arts, held at the Hall on Jan. 27th and 28th, 51 candidates presented themselves, of whom 20 were rejected, and the following 31 passed, and received certificates of proficiency in General Education:—

FIRST CLASS (in order of merit). — 1. W. H. L. Welchman. 2. Bernard Faraday Giles, Herbert Sloman, and James Taylor.

SECOND CLASS (in alphabetical order). — Wm. Oliver Tyndale Annesley, A. G. Bateman, Geo. H. Blackmore, Capel W. Bringloe, Herbert Collier, Herbert Cotton, Chas. Philip Creed, Arthur B. Crowther, John Eustace Donnan, Robert Fabling, Robert Gilbert, F. W. W. Goodsall, Harry C. Grimwood, John J. Gunn, Charles James Hancock, M. L. Bowen Jones, Geo. R. Keeling, C. E. A. MacArthur, Frederick Marr, F. Linder Milne, William Moxon, Harry Callander Oakley, Albert M. Rowland, Arthur Savidge, St. Clair B. Shadwell, Thomas Davis Watson, Octavius White.

ROYAL COLLEGE OF SURGEONS OF IRELAND. — At meetings of the Court of Examiners held on Jan. 21st and succeeding days the following gentlemen obtained the licence to practise Surgery:—

John D. Barkeville, John T. Burgoyne, Edmund F. G. Butler, Samuel Caldwell, Richard A. Clarke, John V. C. Denning, Jeremiah J. Donworth, Wm. B. Drew, Robert Drury, Charles E. Dwyer, Wm. Robinson Evans, Thomas S. Floyd, Charles Harford, Fitzjohn R. Irwin, Robert G. Lamb, John Lawler, Ross F. Maguire, George C. Mathews, James O. M'Creery, Wm. Neale, Thos. Pegum, Richard Pooley, John B. Power, Antony Roche, William C. Sandys, Nicholas S. Smith, James S. Smyth, William S. Symes, Blennerhassett M. Tindler.

THE HOSPITAL FOR WOMEN, SOHO-SQUARE.—The following operations will be performed this day (Saturday), at 9.30 A.M.:—1. Ovariotomy, by Dr. Meadows. 2. Removal of polypus uteri, by Mr. Scott. 3. Operation for closure of fæcal fistula left after ovariotomy, by Mr. Heath.

THE ROYAL ASYLUM OF THE ST. ANNE'S SOCIETY.—William Miller Ord, M.B. Lond., M.R.C.P., Lond.; and John W. Ogle, M.D. Oxon., F.R.C.P. Lond., are candidates for the office of Honorary Physician to this Society, vacant by the death of Dr. Mayo. It is proposed to alter the rules at the next General Court, so as to appoint two honorary physicians instead of one.

THE HUNTERIAN SOCIETY.—This Society will hold its annual meeting and *conversazione* on Wednesday next, at 8 o'clock, in the large theatre of the London Institution, Finsbury-circus. Mr. T. B. Crosby will deliver the address, and afterwards a collection of drawings, casts, and instruments will be displayed for the inspection of the visitors. We believe that a large attendance is expected, and that any member of the profession, though not a member of the Society, who may wish to attend, will be welcomed.

SUNDAY being Hospital Sunday at Sheffield, collections were made at the majority of places of worship in that town. About £1050 was raised, which will be divided between the three most useful institutions in the borough.

THE REV. L. G. F. BROOME, rector of Whittlebury, Northamptonshire, was found dead in his bed on the morning of Friday, the 27th ult. He had taken an overdose of chloral hydrate the night before. An inquest was held, and the jury returned a verdict in accordance with the above fact.

SIR RODERICK MURCHISON, the co-patron with the Crown of the chair of Geology in the University of Edinburgh, has nominated Mr. Archibald Geikie, F.R.S., as the first professor. Sir R. Murchison's endowment is £3000, and the Crown adds £200 per annum to the interest on this sum, and the fees.

PLEURO-PNEUMONIA AMONG CATTLE.—It was recently asserted by a correspondent in *The Times* that a cargo of infected beasts from Holland were landed at Thames Haven, passed by the inspectors as sound, and forwarded through the South Essex grazing grounds to the Maiden-lane Station, Holloway, and thence to the market-lairs, where, on close inspection, several of them were found to be affected with that very contagious form of disease known as pleuro-pneumonia. We are glad, however, to state that this information turned out, on investigation, to be erroneous.

CRUELTY TO ANIMALS.—Mr. Colam, the indefatigable Secretary to the Society for the Prevention of Cruelty to Animals, applied before Mr. Newton, at Marlborough-street, for summonses against Mr. Lowe, the assistant-surveyor of Marylebone, and Mr. Green, foreman of the works. The roadway extending from Regent-circus to Margaret-street has been repaired with granite chips six inches in depth, and the surveyor had caused chips larger and rougher than usual to be placed on the thoroughfare. Not the slightest attempt had been made to crush the granite; and while every horse passing over the chips had been more or less tortured, some had fallen, and suffered severely. Mr. Newton thought it quite a proper case to be tried, and granted the summonses accordingly. We trust Mr. Colam's action will have its due effect on the surveyors of other roadways, and protect our horses from the pain so needlessly added to their toil.

NATIONAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, VENTNOR.—The annual meeting of this valuable institution was held on Monday last, the Right Hon. Sir Lawrence Peel in the chair. Mr. Neale F. Horne, the Secretary, read the report of the General Committee, which referred in grateful terms to the increased support this hospital has received during the past year—a matter of no surprise, for it is now in working operation. The second pair of houses, which are for women patients, will be opened in March. The third pair will be ready by the autumn. The Committee, after acknowledging the many marks of sympathy and support they had been favoured with from various quarters, referred to the fact that, while patients had been received from Lancashire, Wales, Cornwall, Warwickshire, and other distant counties, the majority had been from the neighbourhood of London, where consumption is so prevalent. Dr. Hassall read the medical report, which was most satisfactory and encouraging. Votes of thanks were passed to the Chairman, the Secretary, the medical and other officers. The Chairman, in replying, announced that they had just been honoured by an additional proof of Her Majesty's warm interest in the institution, as they had received the gift for the patients' library of the "Leaves from the Journal of Our Life in the Highlands," with Her Majesty's autograph on the fly-leaf.

PROFESSOR EMILE DU BOIS REYMOND presided at the Berlin Royal Academy of Science the other day. After drawing a historical parallel between the reign of Frederick and that of the contemporary French Bourbons, he dwelt on the cosmopolitan character of science, by which the Berlin Academy remains, notwithstanding the war, in close sympathy with the scientific associations in France.

MR. J. W. HARVEY, of Brixton, who objects to fire insurance, to insurance against accident, &c., as implying a want of confidence in Divine protection, objects also to vaccination for the same reason. The Lambeth police magistrate declined to admit the validity of this plea, and fined Mr. Harvey 10s. and costs for neglecting the vaccination of his child. The magistrate intimated that the fine would be increased if the defendant again appeared before him on the same charge.

BEQUESTS, DONATIONS, &c.—"A. B." has given £1000 towards the Building Fund of St. Thomas's Hospital. S. Blair, Esq., by his will just proved at Manchester, left £20,000 to establish a hospital. The Hull Infirmary has become entitled to £1000 under the will of Baron Hotham. The Leeds General Infirmary has received a donation of £200 from Philemon Land, Esq., per Dr. R. T. Land. Charles J. Leaf, Esq., has made his third annual subscription of 100 guineas to the Royal Free Hospital. Francis Broderip, Esq., has subscribed another £100 in aid of the Samaritan Fund of the Middlesex Hospital. Miss Louisa Elizabeth Meynell Ingram bequeathed £100 to the Cancer Hospital, and £100 to the Derby Infirmary. John Cunningham, Esq., of Belfast, bequeathed £150 to the Belfast General Hospital, £50 to the Destitute Sick Charity, and £50 to the Belfast Lying-in Hospital.

Medical Appointments.

ALLINGHAM, J. H., M.R.C.S., L.D.S., has been appointed Associate Dental Surgeon to the Chester General Infirmary.

ANDREW, E., M.D., F.R.C.S., Assistant-Surgeon 1st Administrative Batt. Shropshire R.V., to be Surgeon, vice W. J. Clement, M.P., deceased.

ASH, R. V., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer for the Workhouse of the Skirlaugh Union, Yorkshire, and Medical Officer and Public Vaccinator for the Skirlaugh District, vice C. Richardson, L.R.C.P.Ed., L.R.C.S.Ed., deceased.

ATKINS, T. D., M.R.C.S.E., F.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for District No. 3 of the Alderbury Union, Wilts, vice L. Owen Fox, M.D., resigned.

BERNARD, F. R., M.B., C.M., has been appointed Medical Officer for the Fyfield or No. 5 District of the Andover Union, vice George Covey, M.R.C.S.E., resigned.

BLACK, P., M.D., F.R.C.P.L., has been elected Physician to Christ's Hospital, vice G. Burrows, M.D., F.R.C.P.L., resigned.

BOARD, E. C., L.R.C.P.L., M.R.C.S.E., has been appointed Assistant-Surgeon for the Out-patient Department of the Bristol Royal Infirmary.

BROSTER, R. W, M.R.C.S.E., has been appointed Medical Officer for the Misterton District of the Beaminster Union, Dorsetshire, vice G. S. Jolliffe, M.R.C.S.E., resigned.

BROWN, T. J. E., M.R.C.S.E., has been appointed Medical Officer for the Morland District of the West Ward Union, Westmoreland, vice W. Edger, M.R.C.S.E., resigned.

CAMERON, A., L.R.C.P.Ed., L.F.P.& S. Glas., has been appointed Medical Officer for the Danby District of the Guisborough Union, Yorkshire, vice H. W. A. Sandell, L.R.C.P.Ed., M.R.C.S.E., resigned.

CREAN, R., L.K.Q.C.P.I., L.R.C.S.I., has been appointed House-Surgeon to the Clinical Hospital and Dispensary for Children, Manchester, vice W. N. Metcalf, M.D., resigned.

DAVEY, C. D. H., M.D., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Depwade Union, Norfolk, vice J. D. Eames, L.R.C.P.L., M.R.C.S.E., resigned.

GLEN, J., M.B., C.M., has been appointed Medical Officer for the Low Ormesby District of the Guisborough Union.

HUBBARD, T. W., M.R.C.S.E., has been appointed Medical Officer for District No. 4 of the Hollingbourn Union, Kent, vice H. V. Sandford, M.D., L.R.C.P.L., resigned.

KEITH, A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the High Ormesby District of the Guisborough Union.

LUCAS, R. H., M.R.C.S.E., has been appointed Resident Medical Officer at the Middlesex Hospital, vice R. King, M.B., M.R.C.P.L., resigned, and appointed Medical Registrar and Superintendent of Post-mortem Examinations.

LUDLOW, E., M.B., F.R.C.S.E., has been appointed Assistant-Physician for the Out-patient Department of the Bristol Royal Infirmary.

NEWTON, C. J., M.R.C.S.E., has been appointed a Surgeon to the General Hospital and Dispensary, Cheltenham, vice F. A. A. Smith, L.R.C.P.Ed., M.R.C.S.E., resigned.

PASSON, F. J., M.R.C.S.E., has been appointed Surgeon to the Cape Copper Mines, Cape of Good Hope, vice Arthur Hill, M.R.C.S.E., resigned.

REEVES, H. A., M.R.C.S.E., Assistant-Surgeon to the London Hospital, has been appointed a Surgeon to the East London Hospital for Children and Dispensary for Women, Ratcliff-cross.

YELD, A., M.D., C.M., has been appointed Medical Officer for the Milland District of the Midhurst Union, Sussex, vice T. D. Atkins, L.R.C.P.Ed., M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

AIR.—On the 28th ult., at Lorrimore-square, S.E., the wife of A. Cummings Air, L.R.C.P.L., M.R.C.S.E., of a son.

HAY.—On the 26th ult., at Lyme Regis, the wife of R. F. Hay, M.R.C.S.E., of a son.

DUNLOP.—On the 25th ult., at Carlton-place, the wife of James Dunlop, M.D., Professor of Surgery in Anderson's University, of a son.

JAMIESON.—On the 23rd ult., at Ravensdowne, Berwick-on-Tweed, the wife of W. Allan Jamieson, M.B., of a son.

TAYLOR.—On the 29th ult., at Queen-street, Scarborough, the wife of John Wm. Taylor, M.D., of a son.

MARRIAGES.

LYLE—WORMALD.—On the 31st ult., at St. George's, Doncaster, Robert Lyle, M.D., of Newcastle-on-Tyne, to Isabel, eldest daughter of John Wormald, Esq., of Ouscbank House, Cawood, Yorkshire.

TACON—PATTERSON.—On the 31st ult., at Holy Trinity Church, Hounslow, Gude Wallace Tacon, M.R.C.S.E., to Henrietta Caroline, daughter of the late Captain F. T. Patterson.

DEATHS.

JOHN.—On the 23rd ult., at sea, on board H.M.'s Ship "Tamar," Walter John, M.R.C.S.E., Assistant-Surgeon Army.

KEYWORTH.—On the 23rd ult., Henry Keyworth, M.D., M.R.C.S.E., late one of the Surgeons to the York County Hospital, aged 57.

MCARTHUR.—On the 26th ult., from disease of the heart, Alex. McArthur, M.D., Staff Surgeon-Major, of Woolwich.

PRITCHARD.—On the 31st ult., at Oakley-square, St. Pancras, of cancer of the breast, Elizabeth Rosalie, the wife of William Pritchard, Esq., of the Royal Veterinary College.

SHAW.—On the 30th ult., at Attercliffe, Bernard John Shaw, B.A., M.R.C.S., late of Caius College, Cambridge, son of the late John Shaw, Esq., Surgeon, of Attercliffe, aged 24.

SIMPSON.—On the 23rd ult., Thos. Simpson, L.F.P. & S. Glas., of Middlesbro'-on-Tees, aged 32.

WRIGHT.—On the 25th ult., at March, Cambridgeshire, Edward Seymour Wright, M.R.C.S.E., aged 27. Friends will please accept this intimation.

THE LANCET MEDICAL BILL.

BY DR. CLIFFORD ALLBUTT.

IT would not seem likely at first sight that we should find an insensibility to the best thought and most vigorous life of the day in those learned professions whose claim to honour lies especially in intellectual activity, in freedom from the bonds and chains of dulness and prejudice, and in familiarity with the chief of those problems which concern mankind. And yet, strangely enough, we do find this so, or find it at any rate in some considerable measure. On the other hand, it turns out that a free play of intelligence and an adequate conception of the real needs of the time in which we live is found rather among those who busy themselves with lower matters—who, Antæus-like, are continually refreshed by rough contact with the harder facts of life. Not in ancient Universities, not within the walls of dignified corporations, but in the streets of commercial cities—in London, Birmingham, Lancashire, and West Yorkshire,—it is that we find that quick adaptation of formal change to continuous and insensible development upon which our honour and our prosperity depend, and without which, indeed, no noble and effective action is possible. The claims of the Church profess to be, and are certainly, beyond the limits of discussion. But what do we see when we turn our eyes to Law and to Medicine? We find them still under the yoke of mediæval guilds—guilds which were founded on principles which have long ceased to have any truth or meaning, but which principles they still in great measure defend—guilds which within their own sphere the mercantile classes have long ago deprived of place and power, if not of life, but which in the learned professions have but gained greater power and higher place by a long impunity. So heavily laden is the Bar by these oppressive corporations, so indifferent has wealth made them to all attacks from within or from without, and so dead are they to all sense of their own responsibility, that they have gone near to ruin the profession they represent. Tall poppies may grow in any soil; but the mass of that profession has only been saved from contempt by its honourable but quite accidental association with modern literature. Medicine is in somewhat better case. True it is that her guilds were founded on mediæval conceptions, which, now-a-days at least, are particularly absurd, and which they, nevertheless, have done their best to perpetuate; but, on the other hand, the fortunate lack of very large endowments, and, I hope I may add, the more scientific character of our mental discipline, have given a check to the medical guilds, and from time to time have forced upon them the acceptance of some responsibility. Were I at liberty to extend this paper, it would be easy from the instances of the professional guilds to give force to the increasing belief that permanent endowments are at least as likely to be dangerous as to be useful to a community, the necessary assumption in all such cases being that their influence is at least as likely to be injurious as to be wholesome; nay more, that unless incessantly and jealously watched, and their movements compelled from without at every turn, they are sure to be out of harmony with modern requirements, and to dam the stream of contemporary thought. This is not the occasion for so large an inquiry, and I shall confine myself, therefore, to one point, one of great importance at all times, and one of pressing importance to us now.

Every intelligent person admits that the present state of our profession, as administered by the Guilds and Universities and by the Medical Council—which is still but Snug the joiner whatever voice it assumes—is intolerable; that fortunately our corporations are too weak to succeed in a policy of defiant inaction like that of the legal corporations, and that now the time has not only come when some radical change ought to be made, but when some fairly extensive change is actually possible. The one and the important principle, then, which I wish to urge—one which lies at the root of the matter, and which in our legislation we must obey or defy, but which we cannot evade—is the modern principle of government by the many. In medical as in social politics there are three parties—the Conservative, whose principle is government by the few; the Liberal, whose principle is government by the many; and the Radical, whose principle is no government at all. Among ourselves, Radicals are, I think, few in number; Conservatives are, I fear, many in number, and many of my best friends are of them; but the Liberal party has, I hope, the majority, and this is the party which is now seeking to reorganise the profession. The fight, then, lies between the two latter parties, and their division is utter. Irrational compromise may be, perhaps must be, a consequence; but no rational compromise is possible. If reform is to proceed on any distinct ground, it must be based upon the ancient principle of government by the few, or upon the modern principle of government by the many, and those moving in the former direction can have no part nor lot with those who move in the latter. Clear and simple as is this resolution of the quarrel, and having, as I believe it has, the additional advantage of being true, we may fairly complain that neither party sets its own work straight before it, but fights blindfold. How are we to excuse those who pretend to be of the reform party, and yet whose first proposal is to invest the enemy with power which he never had before; who invest the Conservative party in the persons of its most powerful organisations with a sacred renewal of all its pre-eminence; who secure continuance to the divine principle of government by the few, and who utterly cast out all hope of victory for the human principle of government by the majority. A new governing body, consisting of an artful consolidation of the power which the corporations now possess would be a tyranny ten times told. The surprise and disappointment which I felt on hearing of the last proposal of the "Reform Committee" have moved me so strongly that I am impelled to express these feelings in the hope that I may not stand alone. I do not blame those who have drafted this unfortunate proposal, nor do I speak indignantly of those who are justified in using what power they have to further their own ends. But I shall have a sensation of this kind for the mass of the profession, if they, who have already spoken boldly and unequivocally in favour of direct representation, and who must have intended that direct representation to be a reality, now allow themselves to be made use of as large bodies of electors are too often made use of, and their votes secured for ends other than their own; for, if the Association Bill pass into law, the new Medical Council must be thenceforth governed by a constant majority identified with the corporations and universities, the few direct representatives will be in a powerless and humiliating position, and the government of the profession will be handed over for another long term of years to the minority. As a member of the British Medical Association, as a member who has joined it heartily hoping to find in it an adequate expression of self-government, and a means of giving to a noble and intelligent profession the power which is its own, I protest against the sale of our birthright for such pottage.

There are two difficulties which weigh, no doubt, with many persons as they weigh with me. We owe to ourselves, How honourable, how cultivated are the men who occupy the official seats in the corporations! To many of us they are personal friends, even dear friends. Shall we not trust them? This is an old trial, and requires now, as always, one inexorable answer, which is that upright, cultivated men are quite as likely, perhaps are even more likely, to be wrong than right upon questions of public policy, and the only means of progress is for each elector to set his own way clear before his face, and to vote not for the sake of any friendship or for the sake of any associations whatsoever, but strictly on those principles which he believes to be right. In this sense only is the old adage found true, "Vox populi, vox Dei." Personal considerations must then be set aside. The next difficulty is a more serious one, and cannot perhaps be evaded. We hear of "their due rights" being preserved to the medical guilds. Now what are these due rights? The due rights of anyone are *in mind rations*, I suppose, those which he can legally get, and I have as yet failed to discover any other light in which the "due rights" of the bodies in question can have any existence. The pretence that they have been even abreast with contemporary requirements in medical education is tacitly given up, and the time is come when, were it worth while, the tables might be turned, and an accusation plausibly sustained against them, that for many years past they have been dry trees, and doing all the injury which is done by cumbering the ground. But I have no wish to enter upon any grounds of accusation, nor fortunately is it necessary. The magnificent museum in Lincoln's-inn-fields is, I believe, the only thing of which the corporations have to be proud (unless it be the narrow conservation of their internal policy), and this gives about as much claim to the College of Surgeons to govern the profession as the British Museum gives to its trustees to sit in permanence on the London School Board. A great medical school, like that of Guy's Hospital, in enlightened activity and in results, has done more to advance medicine and medical education than all the corporations put together, with Oxford and Cambridge at the head or at the tail of them.

Again, we have fortunately no little evidence that the intentions of some at least of the medical corporations, and these the most powerful, are of the most reactionary kind. Their own internal constitutions are as backward as is their position in respect of medical education. So far from being on liberal principles—I speak to liberals—they are conceived and carried on in a spirit so utterly at variance with them that I believe one great ground of their opposition to direct representation lies in their instinct, true enough no doubt, that one of the first results, direct or indirect, of a reformed Council would be to break down their narrow and examinate system of internal government, and to claim for the profession at large the control of the management of their own societies. That this reform should have been so long delayed is one more curious instance of the persistency of forms when all their use and meaning have fled. The only farther consideration which need delay us here is this obvious one. Why should we now represent the corporations in the Council when the first movement of reform must be to extend their own voting constituency within? When they are governed by the majority of their own members, they must cease to have any rights other than the majority of the profession think well to give them; they will have, indeed, no separate rights at all. But in this case to represent them separately will be to give a surgeon, let us say, two votes for Council elections—one his

intelligible direct vote, the other an unintelligible indirect one filtered through the College of Surgeons. Here is a useless trouble and a useless expense, to say the least of it, not to speak of any confusion it may create in the way of mental diplopia.

The following principles have so far, then, been established, or taken as proved:—First, and cardinally, that the many is the well-ascertained basis of modern government. Secondly, that upright and cultivated men in official positions are as likely to be wrong in their views of policy as other men are, and are more likely in so far as they are successful men, whose success has been gained upon the system they defend. Thirdly, that the medical corporations have no claim whatever in reason to be represented in the Medical Council; that, on the contrary, for clearness' sake, it would be far better for both sides, for reformers and conservatives alike, to say what both sides really mean—namely: Here are certain bodies having great power and influence, which they intend to exercise in opposition; these bodies are too powerful to be set at defiance, and must therefore be conciliated. The question is thus narrowed to the intelligible issue of how much one side must give, and how much the other side will take. Having cleared our minds in this way, let us see whether THE LANCET Bill gives us a better scheme than that of our own Association. In the belief that it does the present lines are written. The Bill does not go far enough, as I shall presently show, but the whole Bill reads well, and bore examination so well that I took a legal opinion upon it. The very able lawyer to whom I submitted it also expressed himself on the whole so favourably that I could not longer hesitate to advocate it. It is curious that the Editor of THE LANCET should have found it necessary to call his very temperate and conciliatory measure a "bold Bill." I can scarcely suppose that anyone who has read the weary reports of past debates can fail heartily to support the proposal to retrench the number of representatives to twelve. This step surely needs no urgent advocacy. The next important modification to be considered is the distribution of power within the twelve. Here THE LANCET proposal seems to me to give way too much, and to propose a smaller reform than we may fairly hope to carry. The Medical Council, being bound by statute, need not contain any Government nominees, but I am far from objecting to their presence. It may be said, however, that the medical profession is constantly tempted to take a "tribal" view of the questions before it—a temptation which representatives of the public would counteract. But for this purpose what is needed is not voting power, but the presence of some one person whose words would have weight and influence with the eleven educated and able men who hear them. One Government representative would fulfil this purpose as well as four; let us even grant two such assessors as reasonable. As the Government is the Government of the United Kingdom, there is not that need of taking those assessors from the separate divisions of the kingdom, which is, on the other hand, so important in direct representation. My purpose in drawing attention to this point is in order to provide for that which I consider to be essential in all and any Bills—namely, that *a working majority remain with the direct representatives*. THE LANCET Bill falls short of this; indeed, as the Government nominees are likely to be taken from the ranks of eminent men committed by every association to the medical authorities, the presence of four of these with four representatives of corporations will give *a working majority against the representatives of the profession at large*. This is to me fatal to any hope of real reforms; and the objection is overlooked, I fear, by the Editor of THE LANCET in his introductory remarks. I am even sorry to see from his words—"Moreover, to the extent of one-third it is to be elected by the profession itself, who will thus be made to feel an interest in its doings and its efficiency"—that he fails really to grasp the truth that the profession must not only "feel an interest in" their own affairs, but must feel that they hold them in their own hands. This will give them a true sense of their own dignity, and, what is more important, of their own responsibility.

I would strongly urge the Editor to consider whether we cannot get as much as this; that the twelve members of the Council shall consist of two Government representatives, three representatives of corporations—one for each division of the kingdom,—and seven direct representatives, three from England, two from Scotland, and two from Ireland. I think this might be obtained, as it is based on principles which no Liberal Government can deny—namely, that of placing the power with the many, and not with the few.

All the other clauses of the Bill seem to me not only carefully drawn, but comprehensive and adequate to the ends required. The difficulty of precedence in date between corporate and State examinations is well met in Clause 14; and Clauses 7, 8, and 34 effectually dispose of the scarcely ingenuous because clearly frivolous objection, that the difficulties of electing direct representatives of the profession would be insuperable. Anyone who has voted for members of Convocation in Oxford or Cambridge must be aware that the alleged difficulty of collecting votes from a large and scattered constituency is not worth much regard.

Leeds, Jan. 30th, 1871.

Notes, Short Comments, and Answers to Correspondents.

"MIXED CLASSES."

WE understand that some individual of the male sex at Edinburgh has commenced an action at law against Miss Jex Blake on account of statements alleged to have been made by her at a late public meeting. In former times a man who brought such an action would have been laughed out of court, as deservedly as a baffled fortune-hunter whose action was for breach of promise of marriage. Now, however, we cannot but feel that the case stands upon rather different ground. It is quite possible that the "advanced" ladies of the period may find that the positions they seek will not be wholly enviable when attained. The masculine pillow is set with many thorns, from which the fairer sex has been hitherto exempt; and if women have to pay for being doctresses by sustaining actions at law for libel, we very much doubt whether they will profit by the change.

Sir H. Thompson's paper shall appear in our next impression.

DR. WHITMORE AND MR. H. HODSON RUGG.

WE have seen with much regret an intemperate and most improper letter which has been addressed by Mr. H. Hodson Rugg to the *Borough of Marylebone Mercury*. He writes to attack Dr. Whitmore, the laborious medical officer of health for Marylebone, for alleged neglect about the removal of a child attacked by small-pox. It is very easy to believe that the calls upon Dr. Whitmore's time and energies have lately become almost more than he could meet, although it is well known how earnest and indefatigable he has been. It is possible that the events referred to by Mr. H. Hodson Rugg may have occurred as he relates them, and that somebody was to blame. If that somebody was Dr. Whitmore, anyone who might be injured is at liberty to apply to the vestry; and any member of the medical profession who has a well-founded grievance may find space for its ventilation in our own columns or in those of other medical journals. But for a medical practitioner to write nearly a small type column of abuse against Dr. Whitmore, and to send his effusion to a suburban general newspaper, is such a piece of gross impropriety as we trust we may never again be called upon to record. Even if the letter had been fair and courteous, it is obvious that Dr. Whitmore, as a responsible official, would have been unable to reply to it. We shall but speak the general sense, not only of the profession, but also, we believe, of all the intelligent classes of the borough, when we assure Dr. Whitmore that the sympathies of his brethren and of the public will be fully with him. His recent work speaks for itself. The conditions under which one medical man can be justified in assailing another in the columns of a newspaper must be rare indeed, and on this occasion they have neither been fulfilled nor approached.

Omicron.—1. He has no legal right to practise medicine.—2. Certainly, he is practising without a sufficient licence, and lays himself open to penalties.

Mr. Arthur Birch (Kensington.)—It is not our practice to do so.

VACCINATION.

To the Editor of THE LANCET.

SIR,—In your issue of December 24th, a letter appeared from a correspondent who signed himself "Justitia," in answer to one which you kindly inserted from me on the above subject. I wish to make a few remarks on this letter, which I should have done (with your permission) the following week, but was prevented from want of leisure.

"Justitia" begins his letter by protesting against my suggestion that every surgeon who wishes should be a public vaccinator. His reason is, because he considers the vaccination to be "the" sinecure of the Poor Law. I fail to see his argument, that because a gentleman likes to take an appointment which he admits does not carry a fair remuneration, therefore he is to claim as a right any better paid one in connexion with the same as a "make up," more especially if public good can be done by an alteration which could not detract much from his pocket, and place much into another's. In my own individual case, I can confidently assert it would make little or no difference, and I can assure your correspondent he labours under a great mistake if he imagines I wrote my letter actuated by any personal motive. I have for years entertained but one opinion on these matters—viz., that the grand aim should be towards making the *poor* a little more independent, by allowing them to select their medical attendant. Should we like to be obliged to go to a person we much disliked? This could be done somewhat after the manner provident dispensaries are conducted—viz., upon application for medical relief, let the officer give the applicant a ticket, placing the name of the surgeon selected upon it, which shall be the order for his attendance; let the ticket represent so much value, and at stated times let them be paid by the authorities. By some plan of this kind the parochial work would be done, for obvious reasons, more cheerfully by the practitioner, and the panper would be more satisfied. Why is the latter *not* to be considered?

"Justitia's" line of argument is rather peculiar. In one breath he claims the office of vaccinator as an appendage to his Poor-law appointment, whilst in another he repudiates the connexion by stating vaccination "is not considered parochial assistance." What is it? I think these remarks savour more of wishing "all the water in his own ditch" than any that I have made. Respectable private patients in this district never think of going to the public vaccinator. Quite the reverse. I deny that the public vaccinator procures better vaccine than the private operator; for it is often impossible for him to know the *private history* of the patients, &c., whereas the private practitioner always possesses this very important information. If "Justitia's" assertion *is* correct, it must be owned that this would be a strong reason in favour of my idea of allowing all to become public vaccinators.

With regard to the reasons why vaccination is *not* properly carried out (which is admitted by your correspondent), I am sure the one I state is far more real than any other. I ask any impartial person whether it would not be preferable to get over the great dislike to vaccination (which it is no use to say does not exist) by some mild measure if possible, rather than by prosecutions, &c.? Depend upon it, the poor will not be driven, but they are to be led.

I am, Sir, yours faithfully,

Yeovil, January 20th, 1871. E. C. GARLAND.

P.S.—I could give many instances in proof of what I stated in my last letter with regard to the careless manner vaccination is too often carried out in many districts, and which can never be discovered by the present mode of inspection.

MEDICAL RELIEF BY LOAN.

THE Amersham guardians have requested to know from the Poor-law Board whether the relieving officer has power to grant an order for medical relief on loan. The question before the guardians was the propriety of "giving" medical relief to a man, having a wife and three children, whose earnings were 15*s.* a week, he having a broken leg. We should have scarcely thought it necessary to refer to the Poor-law Board in such a case.

Dr. Sparks.—Yes.

THE communication of *Dr. Meadows* (68th Regiment) has been received.

A PUBLIC MORTUARY FOR THE STRAND DISTRICT.

OUR journal of last week contained an announcement which we cannot let pass without a word of comment. Those who remember our indignant protest two years ago against the use of the Strand "dead-house" for the reception of bodies awaiting inquests will understand our satisfaction on learning that at last this abomination is in a fair way of extinction. Dr. Conway Evans, the medical officer of health for the Strand, has, in his recently issued annual report on the sanitary condition of his district, urged upon the Local Board of Works the provision of a proper mortuary house, suggesting as a site for it the long closed burial-ground near the bottom of Drury-lane, where there are ample room and facilities of access. Dr. Evans's description of the five so-called dead-houses within the district must be more than enough to satisfy anybody that the Strand Board of Works have grossly neglected their duty in waiting two years before attempting to remedy the evils against which we protested in January, 1869. Let that pass, however, seeing that the Board have now decided by a majority of 19 to 2, on the motion of Dr. Joseph Rogers, to carry out Dr. Evans's recommendation. Thus the days of the notorious "dead-houses" of the Strand district—of the "old wooden shed" at St. Mary-le-Strand, where the exigencies of post-mortem examination required the operator to temporarily dispose of the several parts of the body on the pavement of the adjoining churchyard to give him room for his work, and of the "dark underground vault situate beneath the south-western corner of the parish church, and entered through a trap-door in and upon the level of the adjoining churchyard" of Covent-garden—are numbered. That they should have existed so long in the capital city of the British empire is the marvel.

A St. Thomas's Man.—The first article on the subject was published in *Nature* of the 12th ult. The second, however, has not yet appeared.

Professor Rutherford's third lecture shall appear in our next number.

THE MEDICAL CLUB.

To the Editor of THE LANCET.

SIR,—Dr. Lory Marsh pleads *ad misericordiam*, and begs the whole question. I can afford to pass over his little sneer and his weak attempts at a witticism; they please him, and do not refute my facts. He acknowledges that "after a long and exhaustive discussion" certain proposals were carried. My assertion was, that at all the meetings amendments were proposed. If all present were unanimous, whence the need of prolonged discussion? Does Dr. Lory Marsh forget how proxies were asked from country members in support of one of his own proposals? Why were those proxies not used, and why was not the sense of country members taken in the same way before the increased subscriptions were decided on? They had as great a right to vote on one proposal as on the other. My object at the last meeting was not merely to reopen the question, but to protest in the name of the original members against Dr. Lory Marsh's broken faith. This he knows as well as I do, and that it was at his instigation the Chairman would not allow me to proceed. Like many others, I supported the Club as a medical institution likely to supply a want long felt by the profession. If I had "prophesied its failure" from the first, I should never have joined it; if, when it was struggling for bare existence, I could have rejoiced at its lack of support, I should not have subscribed to that guarantee fund so earnestly pleaded by Dr. L. Marsh, and obtained by promises made to be broken.

It is acknowledged that there are other Clubs in London carried on at "a lower rate of subscription than that of the Medical Club as now settled." Why should not the Medical Club be carried on at those lower rates, and the original members of it have their rights recognised?

Now, Sir, as to the grand flourish of trumpets about the four years' time and considerable amount of means "gratuitously" given for the sole benefit of the Club. If members will take the balance-sheet issued in 1870, they will see that Dr. Lory Marsh has advanced at five per cent. interest a sum of money on the security of the furniture and other property of the Club, and, to secure himself with a sufficient margin in case of the breaking up of the Club, has himself valued that property, after a little more than two years' wear and tear, at one-third its original cost. More than this. Will Dr. Lory Marsh venture to assert that in the course of these four years of gratuitous and unrequited service he has not charged in the accounts submitted to the Committee, but never published in the balance-sheets circulated among the members, a very liberal sum for travelling and personal expenses?

I am, Sir, your obedient servant,
Abbotsbury, Newton Abbot, Jan. 30th, 1871. WM. ATKINSON.

D. S.—Our correspondent will see that some of his objections to the working of the Vaccination Act have been already alluded to, and the rest will be noticed in their turn in our Reports on Vaccination. There are considerable difficulties in the way of making every medical man a public vaccinator.

M.R.C.S. inquires as to the best treatment for persons suffering from the effects of after-damp, resulting from colliery explosions.

Dr. Phillips.—The case is very interesting, and shall be inserted in an early number.

THE CORRECT COURSE.

To the Editor of THE LANCET.

SIR,—In THE LANCET of last week you published, with some remarks, a short address of mine, which appeared as "A Card" in the *Maidstone Journal*.

I equally with yourself deprecate such a mode of proceeding, and am vexed now that I resorted to it; but at the time of doing so it appeared to me to be the best way of contradicting a report, which for a long time had been very generally and industriously circulated throughout Kent, that I had given up my practice in Maidstone.

I remain, Sir, your obedient servant,
Maidstone, Feb. 1st, 1871. JOHN WOOLCOTT.

HOW SMALL-POX SPREADS.

DURING the prevailing epidemic it is the duty of the parishes to organise temporary small-pox infirmaries; otherwise occurrences like the one we are going to relate, and which has been communicated to us by a well-known surgeon, might again jeopardise a number of people. A journeyman of a very delicate trade presented himself in the consulting-room of the gentleman referred to, bearing in his face unmistakable marks of modified small-pox. The surgeon immediately gave him a paper, stating the nature of the affection, and hurried him to the Small-pox Hospital. The distance being great, the patient must either use a cab or ride in an omnibus (which latter is the worse of the two). He was told at Holloway that he could not be admitted at once, and must return with an order from his parish. The man then paid a second visit to the surgeon, who was naturally annoyed at seeing him again. Another paper was now prepared, this time addressed to the master of the establishment, stating that the man was suffering from small-pox, and that he must not by any means be allowed to stay in the house, as the numerous other workmen (most of whom sleep on the premises) would run great risk of taking the disease. Application was now made to the parish, and it would appear that two officials repaired to the house. What now passed our informant does not know; but the end is that the patient is being treated in the house, of course in a separate room.

Mr. J. C. Robinson, (Chester.)—We regret that it is quite beyond our power to forward private answers. We would advise our correspondent to take the opinion of any judicious medical friend on the question put to us.

THE NAVAL MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I feel obliged to you for the editorial notices of my pamphlet on January 14th and 28th. The last is supported by letters that you have published, signed "A Naval Medical Officer" and "One of the Senior Rank."

I may safely affirm that I have expressed the sentiments of the majority of the medical officers of the navy serving at home; for I sent out upwards of 200 voting-papers relative to the principal questions treated by me.

You have charged me with ignoring in my requisitions the head of the department. This has been an oversight on my part, which will be rectified in the second edition of my pamphlet. On a former occasion I advocated the claims of the chief naval medical officer, and I fully concur with you when you state that "the Director-General of the Navy should be placed on the same footing as the Chief of the Army Medical Department."

The letter signed "One of the Senior Rank" appears to me to be biased by the *jealousies of grades*. In my days as an assistant-surgeon, Admiral Berkeley stated in Parliament that the senior medical officers were opposed to the admission of assistant-surgeons to the ward-room.

I perceive that a few senior surgeons (very few I am thankful to say) are in the same enviable mood as respects the abolition of the title of "assistant" and the attainment of the rank of surgeon-major at an early period.

In an early number of your journal I trust that you will afford me space to make some explanations respecting pay, employment of civilians in wartime, &c.

I am, Sir, your obedient servant,
Rochester, Feb. 1st, 1871. FREDERICK J. BROWN.

ENGLISH NURSES AT THE SEAT OF WAR.

WE have much pleasure in placing on record the following brief account of the work done by the Sisters from All Saints House, who have been labouring with Dr. Frank among the wounded, and to whose zeal the following certificate, published in *The Times*, does only simple justice:—

"[TRANSLATION.]

"I hereby officially certify that the ambulance established by the English National Society for Aid to the Sick and Wounded at Epernay, under the direction of Dr. Frank, has been in activity from the 15th of November, 1870, to the 15th of January, 1871; that during this period 162 mostly severely wounded French and German soldiers have been under treatment there; and that, in addition to the numerous minor operations, 15 major operations, including amputations and resections, had to be performed.

"It is difficult for me to find words sufficiently expressive of the appreciation due to the medical officers, Dr. Frank and Mr. Blewitt, to the Mother and Sisters of All Saints, and to Mr. Mansfield, for the great care and devotion shown by all and every one in their noble work, for the very able surgical efforts, and for the valuable material aid afforded in a truly international spirit, not only in the ambulance entirely organised and supported by the funds of the British Society, but also beyond its walls.

"In the name of the superior authorities, I beg to be allowed to express my most respectful thanks for all that has been done by the English ambulance. "DR. LEWIN,
"January 15th." "Principal Medical Officer, Epernay.

The self-devotion of Dr. Frank himself should not be forgotten; for on all hands we have the same testimony as to his zeal, energy, and surgical skill.

TOWN DRAINAGE.

THE Windsor Local Board of Health has made inquiry through the Local Government Act Office whether the Government contemplated legislating for the whole kingdom in regard to the drainage of towns. The official answer to this question states that "it is generally expected that some legislation affecting the whole kingdom in relation to local improvement, of which town sewerage must form an important element, will be the result of the Report of the Sanitary Commission." The information conveyed in this announcement is not very definite, but probably it is quite as much so as the questioners had reasonable ground for anticipating. Government departments are not greatly given to letting the cat out of the bag prematurely.

ENGLISH "UNDEFILED."

THE *British Medical Journal* has put forth a paragraph so remarkable that we are induced to give it the benefit of our own publicity. It seems to have fallen into the world vainly and after time, since Cobbett is no longer living to utilise it as an example of bad English for his admirable grammar. Here it is:—

> "We understand that the Dean of the Medical Faculty of University College has addressed a letter to the authorities of Middlesex Hospital Medical School, expressing regret at the indiscreet and premature *statement* which *have* appeared respecting the scheme of united action on the part of the schools in medical education, and *disclaiming* the statement of which complaint has been made in our columns. It was high time that something of the kind was done; for in the meantime the offence has been aggravated by a subsequent utterance."

We need hardly point out that it would have been correct to say "*the* Middlesex Hospital," or that "statement," as a nominative case, demands a singular verb. What is meant by "schools in medical education" we cannot tell; neither do we understand how an utterance, or anything else, can at once be "in the meantime" and "subsequent." All this is simple ignorance; but we fear that "disclaiming" should possibly go up to a higher court. It can hardly be a quotation; for Dr. Ringer understands the meaning of words, and would not "disclaim" anything of which he had not been accused. Is it meant to entrap the unwary into an unfounded belief that Dr. Ringer has *denied* the statement in question? As a matter of fact, he neither disclaimed nor denied it; but he expressed regret that it had been made. A thing in itself possibly desirable was being transacted in a corner, and our article brought it to light. The gentlemen concerned were doing good by stealth, and their cheeks still burn with the blushes that were an involuntary tribute to their unexpected fame. We do not doubt that by-and-by we shall be forgiven.

Mr. James Stride, (Westminster.)—We regret that the paper is not adapted to our columns. Our correspondent can have it by calling at our Office.

Semper Paratus.—Mayne's or Fowler's Medical Vocabulary.

AN ARMAMENTARIUM CHIRURGICUM.

To the Editor of THE LANCET.

SIR,—As an active member of both Surgical Instrument Committees appointed to superintend the arrangement of such appliances as were displayed in the Exhibitions of 1851 and 1862, I beg leave to take exception to their collection being described as a "more advertising stall for rival instrument makers." I am in a position to prove that nothing could exceed the care and pains taken by each individual contributor to render his collection a worthy illustration of the advance made in surgical mechanics, and I, in common with others who worked upon the Committees, know well that everything unworthy of this object was unsparingly rejected. I am also certain that the rivalry, if any, was only that of nationality, as we strove all in our power to prove that England held an honourable place in the ingenious construction of surgical and orthopædic appliances when brought into competition with continental skill.

I have read with deep interest the proposition made by the College of Surgeons to form an armamentarium chirurgicum worthy of the English medical profession; and having been the first to offer nine years ago to the College a costly collection as a nucleus for this purpose, I feel entitled to be heard on the subject.

I would further add that no collection of the kind will ever be perfect unless the surgeons of the Committee associate with themselves one or two men, not only of practical experience in the invention and construction of these appliances, but who shall by fortune and social position be above the suspicion of making the intended collection "an advertising stall."

Your obedient servant,

Wimpole-street, Jan. 27th, 1871. HEATHER BIGG.

A SANITARY COUP D'ETAT.

UNDER this title a "Middlesex Vicar" says in *The Times* that twelve years ago, when pastor of some ten thousand parishioners, an epidemic of small-pox appeared among them. The managers of the various schools were, in consequence, privately communicated with by the parish authorities. At 10 A.M. two surgeons were admitted quietly into a class-room adjoining the infant school-room—the infants being massed with the elder girls in the girls' school-room. One by one the children from the various classes were called out, and examined by the surgeons. Those found to be sufficiently vaccinated were passed at once into the playground; those in whose case there was the slightest doubt were vaccinated on the spot, and passed with bleeding arms into the infants' school-room. None were allowed to return to their classes until all was over. As soon as the dinner-hour permitted the fact of the morning to become known, a crowd of Mænads beset the schools; but the deed was done, and could not be helped. In this way, says the Vicar, the epidemic was put down, nearly half the children having thus been vaccinated for the first time. He recommends the adoption of the same Prussian tactics elsewhere.

"A FISH OUT OF—MILK."

WE have heard of late of the influence of the milk-boy in spreading scarlatina, and of the milk-pail as a probable vehicle of the contagion of typhoid fever. In the latter case it was pretty well proved that it was not the milk, but the superadded water that was to blame. The *Milk Journal* recently furnished us with an amusing instance of strong circumstantial testimony to the practices of the milkman. A can delivered to a large buyer in the north of London was being emptied of milk, when a live fish in full vigour and activity came into view.

Mr. John Postgate, (Birmingham.)—The subject shall be noticed next week.

THE DIETARY OF PAUPER SCHOOLS.

THE Poor-law Board must be very hard up for the opportunity of employing their medical adviser, Dr. E. Smith, when they send him to lecture guardians on the impropriety of feeding the little pauper children of the Leicester schools on bacon. Dr. Smith seems to consider it a very monstrous thing to use bacon for such a novel purpose. He said there was nothing improper in bacon as food. He took it himself every day; but to start the practice of eating bacon in workhouse schools was a novelty which had never been introduced elsewhere. Dr. Smith favoured the guardians with the information that fat was no doubt necessary; that milk contained the fat they gave in bacon; and he urged that it would be hardly worth while to adopt a system which would strike people unfavourably. Dr. Smith advocated also the cutting down of the allowance of meat to the younger children. The guardians assured Dr. Smith that bacon was not expensive, costing only 7½*d.* per pound, probably as cheap as milk; but they promised to take his suggestions into their consideration. When there are so many real evils to redress in workhouses, it seems to us perfectly monstrous that inspectors should be employed at large salaries to cut down the meat supply of growing children, and quarrel with the use of bacon.

Mr. Thomas Miller, (Goole.)—We can hardly judge, especially as the actual amount of attendance is not stated. Much would depend on the ordinary scale of charges in the practice, and a professional neighbour would probably be the best adviser.

Delta.—We advise our correspondent not to waste his time in obtaining the degree.

MEDICAL SERVICE IN JAMAICA.

To the Editor of THE LANCET.

SIR,—My attention being directed by a medical friend to a paragraph headed "Medical Service in Jamaica" in THE LANCET of last week, and as I have recently returned from that country, perhaps you will allow me to make a few observations regarding it.

The climate of Jamaica is far, indeed, from being healthy, and most Europeans find it necessary to return to their native countries after a few years' sojourn there. "Yellow jack" is prevalent in the low lands; but at about an elevation of 1400 feet it is much more rare; however, there is no part of the island altogether free from its ravages. Earthquakes are frequent and violent, and hurricanes of a most destructive kind often occur between the months of July and October. Its population in 1866 was about 442,000, of which three-fourths are blacks. The snakes in this island are generally small, and some are very venomous. Here we have an almost incessant rain-fall from the beginning of August to the end of October, and the hailstorms are both furious and prevalent. It is my opinion that £200 per annum will induce very few surgeons to encounter the vicissitudes of the very trying climate of the country referred to.

Your obedient servant,

January, 1871. J. OAKLEY.

IRISH BEET-ROOT SUGAR.

AN analysis made by Dr. Voelcker of several samples of sugar obtained from beet-root grown this year in the county Kilkenny has lately been published. This is the second year that the experiment has been tried in that locality. The best result last year was 10·91 per cent. of crystallisable sugar; the best this year, 10·81. When it is taken into account that 6 per cent. for spirit and 8 per cent. for sugar will pay the manufacturer, it may fairly be stated that this two years' experiment has proved the power of the soil of Kilkenny to grow sugar-beet fit for a manufacturer to deal with. It is intended to erect a sugar factory in that county, and funds are at present collecting for that purpose. This plant suits the climate of Ireland admirably, and we are astonished it is not more largely cultivated, when we consider the remunerative results to the growers and sugar manufacturers.

R. B., (Warley, Essex.)—Next week if possible.

CONTAGIOUS DISEASES ACT APPOINTMENTS.

To the Editor of THE LANCET.

SIR,—Your correspondent, "Staff Surgeon," having wandered from the question as to whether the rightful track of promotion should lie through the olive and myrtle groves or across the field of Mars, and taken up fresh ground in Dr. Brown's pamphlet, into which I do not care to follow him, I write now simply to ask your notice of the fact that their Lordships have filled up the vacant bower in the groves by appointing thereunto a venerable *retired* surgeon. I, for one, think this very appropriate, provided that sight is unimpaired, until the time when doctors of the other sex, who now mount the brass-plate among us, are numerous enough to undertake those inquisitorial functions. The inspection of hospitals under the Act is, however, of such importance that its official should have rank, and I should be glad to see the one employed in it placed among retired Deputy Inspector-Generals, with the retired pay of that rank, in addition to the special allowances.

I am, Sir, yours, &c.,

February, 1871. CAUSTICUS.

RESULTS OF REVACCINATION.

FROM a return forwarded to us by a correspondent, it appears that the successful results of revaccination in soldiers (recruits) have been as follows: From points, 3 per cent.; from tubes, 55 per cent.; and direct from the child, 87 per cent.

M.D. London.—Our correspondent is right in thinking that all suggestions of details in the performance of operations should be made through the columns of medical journals. The description of such details in non-professional organs looks more like a wish to advertise oneself than to promote professional art.

DR. HUGHES BENNETT AND ARMY MEDICAL OFFICERS.

WE have deemed it expedient to omit several communications that we have received on this subject, in order that our correspondents may have the opportunity of perusing the letter from Professor Bennett, published in our present number.

Bona Fides.—The case is probably one of acne, and our correspondent had better consult some physician.

SPECIAL LETTERS FOR A LONDON HOSPITAL.

To the Editor of THE LANCET.

SIR,—You solicit information as to the working of provident dispensaries and small hospitals, which require patients to subscribe, &c. Possibly the officials of the Great Northern Hospital, Caledonian-road, may inform you as to the pecuniary results of what are called "special letters." The special letter is obtained by the patient paying 2*s.* 6*d.* The advantage to the holder of the same is that he or she sees the physician or surgeon before the non-paying patient.

I think the method is unjust to the poorest class of patients, and also to the general practitioner. I have known several persons who could and would have paid for private attendance if they had not been induced by the "special" to attend the hospital.

Yours, &c.,

January, 1871. M.R.C.S.

Ebor.—Our correspondent must first of all resign. He must then obtain a certificate from the Poor-law inspector of his district that he is physically incapable of performing his duty. He will then, at the option of the guardians, get an allowance not exceeding two-thirds of his salary, or a less sum at their absolute discretion. This will have to be confirmed by the Poor-law Board. We would advise our correspondent to strive to obtain the recommendation of the inspector first, and then to use his influence with his friends at the Board before he resigns his post, so that he may not be left in the lurch.

THE CASE OF THE DAUGHTERS OF THE LATE MR. J. J. E. PORTER.

To the Editor of THE LANCET.

SIR,—I beg to acknowledge the following subscriptions on behalf of the above:—

Dr. Barr Meadows	£1	1	0	Miss Rogers, Braintree ...	£5	0	0
W. M. B.	1	1	0	Miss Wakeham, ditto... ...	1	1	0
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J. Adams, Esq., Finsbury-circus...	1	0	0	Per the Rev. T. J. Rowsell, M.A.	2	2	0

I remain, Sir, yours truly,

Ventnor, Feb. 1st, 1871. E. R. WOODFORD, M.B.

Titus.—There is nothing in the usual form of contract to prevent the immediate resignation of any Poor-law medical officer; but courtesy would suggest that a reasonable notice should be given. Of course he cannot, without the consent of the guardians, retire in the middle of a contract.

Mr. Wm. Rock, (Dublin.)—We do not prescribe. Consult some respectable practitioner.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Prof. Rutherford; Prof. Hughes Bennett; Mr. T. Bryant; Dr. Duncan; Dr. Protheroe Smith; Dr. Sparks; Mr. Clifford Allbutt, Leeds; Dr. Brown, Rochester; Mr. Cooper; Dr. Clapham, Leeds; Dr. Taylor, Scarborough; Dr. Waters, Chester; Mrs. John Wood; Mr. R. Dean; Mr. Hutchinson; Mr. Edwards; Dr. Rigden; Mr. T. Smith, Chester; Dr. Holmes, Strabane; Dr. Clarke, Lynton; Mr. Read; Dr. Herbert, 40th Regiment; Dr. Dunlop, Glasgow; Mr. Fitzgerald; Dr. Dickinson; Mr. Sydney Jones; Dr. Rees; Mr. E. Grigor; Mr. Stephenson; Mr. Behring; Dr. Eames; Dr. Jamieson, Berwick; Dr. Stevens, Plymouth; Dr. Nicol, Llandudno; Mr. Wollen; Mr. Walker, Middlesborough; Dr. Osborn; Dr. Crighton; Dr. Lawson; Dr. Calvert, Manchester; Dr. Woodford, Ventnor; Mr. Pratt, Congleton; Mr. Norman, Warwick; Dr. Waters, Liverpool; Mr. Barker; Mr. Hay, Lyme Regis; Mr. Woolcott, Maidstone; Mr. Milner; Mr. Allingham, Chester; Mr. Roberts, Broughton; Mr. Hunt; Mr. Ballard; Mr. Walker; Mr. Platt; Mr. Strange; Mr. Robinson, Chester; Mr. Brice, Cloughton; Dr. Hitchman, Liverpool; Dr. Tibbits; Mr. Pughe; Dr. Lombard, Appledore; Mr. Dixon; Mr. Tomlinson; Dr. Garland, Hokinka; Dr. Matthews; Mr. Butterfield; Mr. Casson, Hull; Dr. Laffan, Cashel; Dr. Page, Newcastle; Dr. Jefferies, Hirwain; Dr. Wilke; Mr. Pearce; Mr. W. H. Coates; Mr. Postgate, Birmingham; Mr. Pattie; Dr. W. Atkinson, Abbotsbury; Mr. Ray; Mr. Meadows, Darlington; Mr. Barnes, Carlisle; Dr. Williams, Higher Broughton; Dr. Norris; Dr. Robertson, Dover; Dr. Moorhead; Dr. Andrews; Dr. Fox, Broughton; Mr. Hill; Mr. Whitwell; Mr. Wyman; Mr. Marsh; Mr. A. Ward, Coventry; Mr. Orfeur, Norwich; Mr. Walters, Cambridge; Mr. White, Dolgelly; Mr. Mecham, Aylesbury; Dr. Phillips; Mr. Urling, Halifax; Dr. Jack, Horsforth; Mr. E. Smith; Mr. A. Birch; Dr. C. Reed; Mr. Dunkerly; Mr. Tate, Alnwick; Mr. Thomson, Edinburgh; Dr. Air; Mr. Cameron; Mr. Heather Bigg; Dr. Corbett; Dr. Lyle; Mr. W. Clode; The Committee of the National Hospital for Consumption, Ventnor; Scoparius; Cymro; J. O.; C. C. M.; Oinos; Beta; H. S.; R. B.; A Constant Reader; D. C.; R. W. M.; M D.; Royal Microscopical Society; Titus; B. B.; Medicus; Inquirer; Omicron; Delta; Ebor; &c. &c.

Birmingham Morning News, Glossopdale Chronicle, Melbourne Daily Telegraph, Croydon Chronicle, Preston Herald, Yorkshire Post, Torquay Times, Malvern News, Harrow Gazette, Preston Chronicle, Marylebone Mercury, Australian Medical Journal, Philadelphia Medical Times, Transactions of the New York Academy of Medicine, Bulletin of ditto, Islington Gazette, Lincoln Journal, and *Essex Herald* have been received.

Medical Diary of the Week.

Monday, Feb. 6.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Erasmus Wilson, "On Dermatology."
MEDICAL SOCIETY OF LONDON.—8 P.M. Lettsomian Lectures: Mr. F. J. Gant, "On Excisional Surgery of the Joints." Lecture 3rd: The Elbow, Shoulder, and Wrist Joints.
ODONTOLOGICAL SOCIETY.—8 P.M. Mr. T. Charters White, "On some points in the Minute Anatomy of the Pulp of the Teeth."

Tuesday, Feb. 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Fowler, "On Nutrition."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. The following specimens will be exhibited:—Mr. Spencer Watson: Ivory Exostosis growing from the Sclerotic Coat of the Eye. Mr. Hulke: Preparations and Drawings from two Cases of Rodent Cancer; Polypus of Rectum. Mr. H. Arnott: Blood Tumour of Scrotum, of doubtful origin. Dr. M. Mackenzie: Constrictions of the Trachea, with Syphilitic Deposits in the Liver; Growth in the Larynx of a Dog. Dr. Clifford Allbutt: Sections of the Spinal Cord from Cases of Tetanus. Dr. Moxon: Syphilitic Inflammation of the Lung; Change of Grey to Yellow Tubercle in Lung. Mr. Campbell De Morgan: Tumour of Lower Jaw; Tumour from Axilla. Mr. Wagstaffe: Fibrous Tumour of Heart.
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Feb. 8.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Erasmus Wilson, "On Dermatology."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Adjourned Discussion on Dr. Christie's paper "On Cholera in East Africa."
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Anniversary.—Election of Officers and Council.

Thursday, Feb. 9.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 12; other Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Odling, "On Davy's Discoveries."

Friday, Feb. 10.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Erasmus Wilson, "On Dermatology."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Dr. Handfield Jones, "On Puncture in Anæsthesia;" "On Two Cases of Chorea."—Dr. Broadbent, "On Paralysis of Soft Palate, resembling Diphtheritic Paralysis."—Mr. Gant, "On the Process of Occlusion in Arteries after Acupressure."
ROYAL INSTITUTION.—9 P.M. Mr. E. J. Reed, "On some Fallacies connected with Ships and Guns."

Saturday, Feb. 11.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Rev. W. H. Channing: "Laws of Life revealed in History."

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